

Adult Learning Center Volunteer Intake Form

Last / First Name: _____

Local Address: _____

E-Mail Address: _____

Local Phone (H): _____

Phone (Cell): _____

Phone (W): _____ OK to call? Yes No

Male Female Date of Birth ____/____/____ US Citizen Yes No

Seasonal Resident? Yes No Months Here: _____ (arrival date) _____ (departure date)

Education: _____

Occupation: _____

Employer: _____

Reference: _____ Phone Number: _____

How Did You Hear About Us?

- | | | | |
|--|---|--|--------------------------------------|
| <input type="checkbox"/> TV/Radio | <input type="checkbox"/> Special Event | <input type="checkbox"/> Telephone Book | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Friend / Family | <input type="checkbox"/> Volunteer Center | <input type="checkbox"/> Other Literacy Agency | <input type="checkbox"/> RSVP |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Poster | <input type="checkbox"/> Other Volunteer | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Library | <input type="checkbox"/> PR Talk | <input type="checkbox"/> Web Site | |
| <input type="checkbox"/> Verizon Literacy University | | <input type="checkbox"/> Dollar General Referral Program | |

Languages, other than English, that you know _____
Speak? Read? Write?

