



LITERACY VOLUNTEERS OF MARICOPA COUNTY
Volunteer Application

Date _____

Last Name First Name M.I.

Street Address Apt #

City State Zip Code

Phone: Home Cell

Email: _____

Gender: Male Female

Primary Language: _____

Other Language(s): _____

Speak Read Write

Does your employer have a matching gifts program? Many employers will match their current and retired employees' contributions. May we note your employer's name for this purpose?

Yes No

Have you been convicted of a felony? Yes No If 'yes,' please explain:

Occupation: _____

Employer: _____

Date of Birth: _____

Emergency Contact 1 Name: Relationship: Phone:

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What are some of your previous volunteer experiences and how might they benefit you?

Skills you would enjoy using:

What days/times are you available?

How do you envision your volunteer time with LVMC?

Your Education:

- Grade 9-11
H.S. Diploma
Some College
Undergraduate Degree
Graduate Degree
Not Available

Your Age Group:

- 16-18
19-21
22-24
25-44
45-59
60 or older

Location preference:

- Reed/Sunnyslope Learning Center
Main/Indian School Learning Center

Your Employment:

- Full-Time
Part-Time
Unemployed
Retired
Disabled
Not in Labor Force

Referred to LVMC by:

- Employer
Friend/Family
Library
Online
Television
Radio
Newspaper
Billboard
Flyer
Other