



PEI
Literacy
Alliance

Volunteers for Literacy Program
Learner Application

Date		
Name		
Address		
Phone	Home	Cell
Email Address		
Birthdate		

How did you find out about the Volunteers for Literacy Program?	
Please share your reason(s) for wanting to participate in this program and what you hope to achieve.	
What specific areas of learning would you like to focus on?	



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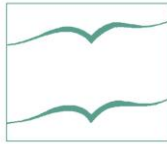
Volunteers for Literacy Program

Learner Application

Education and Work Experience	
Please indicate the highest grade you have completed.	
Grade School	
High School	
Other	
What is your current occupation?	

About You	
What are some of your skills, interests and hobbies?	
What is your first language?	
On a scale of 1-5, 5 being very comfortable and 1 being not comfortable at all, How comfortable are you using technology such as computers or an iPad?	<i>Please circle your answer:</i> 1 2 3 4 5

Tutoring Preferences	
Do you have a preference for being tutored by a man or a woman?	<i>Please circle your answer:</i> Man Woman No Preference



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Time Commitment	
What days of the week are you available to be tutored?	<i>Please circle your answers:</i> Monday Tuesday Wednesday Thursday Friday Saturday Sunday
What time of day are you available to be tutored?	<i>Please circle your answers:</i> Morning Afternoon Evening
How many hours per week are you available to be tutored?	
How many months are you available to be tutored during the year?	
Do you have access to a vehicle and are you willing to travel? We will reimburse you for mileage.	<i>Please circle your answer:</i> Yes No

Signature of Applicant: _____

Thank You!

For office use only	
Signature of Coordinator	
Date	