



**Literacy Council
of Northern Virginia**

Office use only

PA/CPS:	Code:	
	Date	Initials
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Confirmation sent		

Volunteer Application

Date form completed: ____ / ____ / ____

Title: _____ First name: _____ Middle initial: ____ Last name: _____ Suffix: _____

Nickname: _____ Gender: Male Female Date of birth: ____ / ____ / ____

Home street address 1: _____ Home street address 2: _____

City: _____ State: _____ Zip: _____ Marital status: _____

Tax jurisdiction: Alexandria City Arlington County Falls Church City Fairfax Other

Are you currently employed? Yes, full time Yes, part time No, looking No, not looking Retired

Employer: _____ Work title: _____

Location of employment (city and zip): _____

Home phone: ____ - ____ - _____ Work phone: ____ - ____ - _____ Cell phone: ____ - ____ - _____

E-mail address: _____

I prefer to be contacted via: home phone work phone cell phone e-mail

Ethnicity (check all that apply or "Prefer not to say"):

- Asian Black or African American Hispanic Native American/Alaskan
 Native Hawaiian or Other Pacific Islander White, Non-Hispanic Other Prefer not to say

What languages do you speak? Native language _____

Other spoken 1 _____ Level of fluency _____

Other spoken 2 _____ Level of fluency _____

Years of education: _____ Academic area: _____

Level of education: Less than HS diploma or equivalent HS diploma or equivalent Associates degree
 Bachelors degree Masters degree Doctorate degree

General availability (check all that apply):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>
Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>
Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>

Please provide any additional comments regarding availability: _____

Do you have a car? Yes No Distance willing to travel to volunteer: _____

List current or previous tutoring/teaching experience, if any (please list the name of program):

List current or previous volunteer experience, if any:

List any special skills, hobbies or interests:

How did you hear about the Literacy Council of Northern Virginia? _____

Why are you interested in volunteering for the Literacy Council position(s) for which you are applying?

Have you ever been convicted of a crime? If so, please explain. *LCNV will not deny volunteer positions to any applicant solely because the person has been convicted of a crime. However, LCNV may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for.*

I am interested in: (Please see each "Program Basics" document for more information.)

- LCNV ONE-ON-ONE TUTORING PROGRAM** (go to **Section A** on the next page)
- LCNV CLASSROOM PROGRAM** (go to **Section B** on the next page)
- Other, non-teaching volunteer opportunities** (go to **Section C** on the next page)

SECTION A: FOR PROSPECTIVE LCNV TUTORS

To become a Literacy Council Tutor, you must complete the tutor training workshop for the Program in which you want to tutor. These are scheduled 4 times a year for each Tutoring Program. To register for the Basic Adult Literacy or ESOL training, please complete this section of the application. We will contact you upon receipt of your application to confirm your registration.

Please note: Our trainings are designed for people who will take on an LCNV adult learner. If you will not be tutoring an LCNV student, you may be admitted to the training at the discretion of the LCNV.

I would like to attend the tutor training for:

- ESOL or English for Speakers of Other Languages beginning on ____ / ____ / ____
 Basic Adult Literacy beginning on ____ / ____ / ____

Willing to tutor (check all that apply): Male Female Mentally handicapped Physically handicapped

A student may reside in one of the following facilities. Please indicate if you would be willing to tutor in a (check all that apply): Jail Halfway House Shelter Rehab facility

Are you available to tutor on completion of workshop? Yes No, date available: ____ / ____ / ____

I do not plan on teaching a student on the LCNV waitlist – I would like to take this workshop to tutor or teach a friend, or I work with an outside organization. If checking, please explain:

We ask that you pay a \$40 book supply fee, which helps cover the cost of books and training materials that will be given to you during the workshop. **Please check here if your \$40 book supply fee is enclosed.**
Checks, Visa, Mastercard, and Discover are accepted. Please go to https://www.lcnv.org/tutor_form.html or call Natalie at 703-237-0866 to pay with a credit card.

SECTION B: FOR PROSPECTIVE LCNV CLASSROOM VOLUNTEERS

Please review the description of all classroom-based opportunities and indicate which volunteer positions you are interested in (check all that apply).

- | | |
|--|--|
| <input type="checkbox"/> Family Learning Program teacher | <input type="checkbox"/> ESOL Learning Centers Program teacher |
| <input type="checkbox"/> Family Learning Program class aide | <input type="checkbox"/> ESOL Learning Centers Program class aide |
| <input type="checkbox"/> Family Learning Program children's room aide | <input type="checkbox"/> Substitute teacher |
| <input type="checkbox"/> Student Assessment Specialist (student evaluations) | <input type="checkbox"/> Registration assistant (help adults register for class) |

Please indicate the class locations that may suite your availability (check all that apply).

- Alexandria (Lincolnia/Mark Center) Alexandria (Rt. 1 corridor) Annandale Falls Church
 Herndon Lorton Reston Springfield

SECTION C: FOR OTHER LCNV VOLUNTEER OPPORTUNITIES

Please indicate the volunteer positions you are interested in (check all that apply).

- | | | |
|---|---|---|
| <input type="checkbox"/> Office support | <input type="checkbox"/> Computer training (teach learners basic computer skills) | <input type="checkbox"/> Librarian |
| <input type="checkbox"/> Special events volunteer | <input type="checkbox"/> Registrar (provide administrative support at training workshops) | <input type="checkbox"/> Outreach (student and volunteer recruitment) |

Thank you for your interest in volunteering with the Literacy Council of Northern Virginia!

Please return your completed application to the LCNV Director of Volunteers via email at Volunteers@lcnv.org, fax at 703-237-2863, or mail to 2855 Annandale Rd, Falls Church, VA, 22042. Call 703-237-0866 with your questions. We will contact you upon receipt of your application to discuss the opportunities available and the next steps to get you started.*

**Volunteer placement decisions are made at the discretion of the LCNV. Should the LCNV find that your interests, qualifications, and availability do not meet our current needs, we will consider your application for future opportunities that may be a better fit. The information provided on the application is for LCNV's use only and will not be disseminated to third parties.*