



Douglas County Libraries
Adult Literacy Volunteer Application
 Date: _____

Name: _____ Telephone: _____

Address: _____

Email: _____ Age: -18 18-24 25-39 40-54 55+ Gender: Male Female

Best way to contact you? Phone Email Best time to contact you? _____

Emergency contact; name, relationship, telephone:

Highest level of education completed/degrees held: _____

Languages Spoken/ Fluency Level: _____

Hours per week preferred? _____ Library Location: HI LT PA PSM (CR) ROX

Which program are you most interested in?

- Practice Your English (conversation)
- One 2 One (tutoring)

What types of subjects are you most interested in teaching?

- Conversation
- Reading
- Writing
- Life Skills
- Citizenship
- Culture
- GED Math
- GED Science
- GED Writing
- GED Language Arts
- GED Social Studies
- Other:

What type of student are you most interested in working with?

- English learner
- Literacy learners
- GED
- Citizenship
- Small group
- Woman
- Man
- Younger
- Older
- I don't care

If you prefer to work with a learner who speaks a particular language, please indicate which language:

Please write in the times you prefer to meet with your student:

Libraries are open 9 a.m. to 9 p.m. Mon through Thurs, 9 a.m. to 5 p.m. Fri and Sat, and noon until 5 p.m. on Sun

| | Mon | Tues | Weds | Thurs | Fri | Sat | Sun |
|-----------|-----|------|------|-------|-----|-----|-----|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening | | | | | | | |



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Name: _____

Why would you like to become a volunteer in the Adult Literacy Department?

List any past experiences that might be useful to us (volunteer/work/training/etc):

How did you hear about this program?

Give 3 references, preferably from within Douglas County, who are not relatives:

| Name | Daytime Phone | Relationship |
|-------|---------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I understand that, as a volunteer, I will be assigned to perform whatever duties the library considers most necessary and helpful to its operation. I also understand that my work will be reviewed and my services at the library may be concluded at any time.

Signature: _____ Date: _____

Please complete and return this form to your local Library, or mail to:

**Adult Literacy Program
Douglas County Libraries
100 S. Wilcox Street
Castle Rock, CO 80104**