## **LISTO Family Literacy**

## **Volunteer Application Form**

## **Contact Information**

Full Name:		Phone:	Email:
Address:		City, State,	, Zip code:
Date of Birth:		ID/Driver's L	License:
Volunteer Position Information	on		
What position are you applyin	g for?		
What experience do you have	in this area?		
What days will you be availabl	e? Mon Tue	_ Wed Th	What time of day are you available?
Education/Work Experience			
Highest Level of Education:			
Personal References: (please I	ist name and contact ir	nformation)	
1. Name:		Phone:	Email:
			Email:
Professional References: (plea	se list name and conta	ct information)	
1. Name:		Phone:	Email:
2. Name:		Phone:	Email:
Emergency Contact Informati	on		
Emergency Contact:			
Relation to Contact:			Phone:
All applicants must answer th service as a volunteer with ou		Failure to answe	er honestly will disqualify the applicant from
Have you ever been convicted	or a felony or misdem	eanor? Yes_	No
If yes, describe the conviction the crime took place.			felony/misdemeanor, city, county and state where
By signing below you agree that a	all information you have p	orovided in this ap	pplication are the true to the best of your knowledge.
Signature:			Date: