



LITERACY VOLUNTEERS OF MARICOPA COUNTY
VOLUNTEER APPLICATION

Today's 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: \_\_\_\_\_

- 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

- 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 \_\_\_\_\_

Learn Center Location preference:
Lynn Reed Learn Center
729 E. Hatcher Road
Monday-Thursday
9:00 AM-8:00 PM
Main
1616 E. Indian School Road, #200
Monday-Thursday
7:30 AM-8:00 PM

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? \_\_\_\_\_