

# The Family Learning Institute Volunteer Application Form

Check desired position(s)

Reading Coach       Writing Coach       Substitute       Other: \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Home Ph.: \_\_\_\_\_

\_\_\_\_\_ Cell Ph.: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Ph.: \_\_\_\_\_

Level of Education: \_\_\_\_\_

Tutoring Experience (what form of tutoring and when): \_\_\_\_\_

Have you had any experience with young people ages 8 through 14? (when and where): \_\_\_\_\_

Would you authorize a background check for security purposes? (circle one) YES NO

References (name, relationship, phone number):

1. \_\_\_\_\_

2. \_\_\_\_\_

How did you hear of the Family Learning Institute? \_\_\_\_\_

Are you willing to prepare for your position by taking appropriate / ongoing training? (circle one) YES NO

Are you willing to make a *one hour, once a week, for one school year commitment*? (circle one) YES NO

If not, how long a commitment can you make? \_\_\_\_\_

Will you have to be away for any amount of time? \_\_\_\_\_

Please write in the days/times you are available; FLI is in session during the hours listed in parenthesis

Monday (4-8 pm) \_\_\_\_\_ Wednesday (4-8 pm) \_\_\_\_\_

Tuesday (4-8 pm) \_\_\_\_\_ Thursday (4-8 pm) \_\_\_\_\_

**Office Use Only:**

Copy of Driver's License ( yes no )      Back ground check completed on: \_\_\_\_\_

Start Date: \_\_\_\_\_ End date: \_\_\_\_\_

Assigned Student(s) names and dates: \_\_\_\_\_

Workshops attended (names and dates)    **orientation:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_