

LV-MC Volunteer Intake / Permanent Record

Confidential

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For Local Office Use Only

Copy to be given to Volunteer

Date: ___/___/_____

Type of Program:

- Regular
- Family
- Corrections
- Migrant
- Workplace
- In-School
- Other

Type of Institution:

- Library
- School
- Corrections
- Agency
- Other _____

Interviewed by: _____

- Program: _____ Instruction: _____
- BR OTO
 - ESL ESL
 - _____ Class Room

**Learners/
Dates Assigned:**

Status: ___Active ___Transfer/Return ___No Match ___Terminated

Volunteer Information

Date of Birth: ___/___/_____

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Phone (Home): (____) _____ - _____

Phone (Work): (____) _____ - _____

Phone (Cell): (____) _____ - _____

Native Language: _____

___ Male ___ Female

Place of Birth: _____

US Citizen: ___ Yes ___ No

Years in US _____

Marital Status ___ M ___ S ___ D ___ W

Parent: ___ Yes ___ No

Number of children: _____

Ethnic Group: _____

1. Native America
2. Asian
3. Black
4. White
5. Hispanic
6. Not Available

Education: _____

1. <12 grade
2. H.S. Diploma
3. Some College
4. Undergrad Degree
5. Graduate Degree
6. Not Available

Employment Status: _____

1. Full-time
2. Part-time
3. Unemployed
4. Disabled
5. Retired
6. Not in Labor
7. Seeking Work
8. Not Available

Occupation: _____

1. Professional
2. Managerial
3. Clerical
4. Technical
5. Service
6. Agriculture
7. Homemaker
8. Sales
9. Inmate
10. Other: _____

Source of Referral: _____

1. TV
2. Radiol
3. Friend/Familyl
4. Employer
5. Library
6. Special Event
7. Other Literacy Organization
- Other Org: _____
9. Poster
9. PR Talk
10. Other: _____
11. Not available

Available to Meet:

	Morning	Afternoon	Evening
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Saturday	_____	_____	_____
Sunday	_____	_____	_____

Instruction Preference: ___ OTO ___ Small Group ___ Either

Learner Preference: ___ Male ___ Female ___ Either

Location Preference: _____

Transportation Mode: _____

Special Needs:

- Hearing Impaired Teen Wheelchair
- Physically Disabled Irregular Meeting Times

over

Applicable Non-LV-MC Work/Volunteer Experience

Organization	Position	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Interests and Skills: ___ Writing ___ Drawing/Art ___ Cooking/Entertaining ___ Public Speaking
 ___ Research ___ Acting ___ Record Keeping ___ Typing/Clerical
 ___ Accounting ___ Decorating ___ Leading a Discussion ___ Grant Writing
 ___ Other: _____

Computer Knowledge and Experience:

Fund Raising Knowledge and Experience:

Does Volunteers Employer have a matching gifts program? ___ Yes ___ No

Volunteer Positions ___ Tutor ___ Office ___ Library ___ Matching ___ Trainer
Held or Sought ___ Tester ___ Director ___ Newsletter

*(circle if sought
 Check if held)*

Board Member: _____
 Board Committee: _____

Computer: ___ Training ___ Data Entry ___ Programming
 ___ Other: _____

Termination Termination Date: ___/___/_____

Termination Reason: _____

- | | |
|--|----------------------------|
| 1. Satisfied with experience, fulfilled commitment | 5. Health/pregnancy |
| 2. Dissatisfied with experience | 6. Family problems |
| 3. Job/School conflicts | 7. Transportation problems |
| 4. Moved/left area | 8. Not Available |
| 5. Other affiliate responsibilities | 9. Other: _____ |