



VICTORIA Literacy Connection

Opening the world of learning in our community.

Volunteer Application

CONTACT INFORMATION:			
Please circle: Mr. Mrs. Miss. Ms. Dr.		First Name: _____ Last Name: _____	
Street Address: _____		City: _____ Province: _____ Postal Code: _____	
Day Phone: _____		Evening or Cell Phone: _____	
How do you wish to be contacted: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Other: _____			
Email: _____		Emergency Contact:	
Please check your age group: <input type="checkbox"/> 19-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60-69 <input type="checkbox"/> 70-79 <input type="checkbox"/> 80+		Name: _____	
Birth date (optional): _____		Phone: _____	
How did you learn about Victoria Literacy Connection? <input type="checkbox"/> Friend <input type="checkbox"/> Volunteer Victoria <input type="checkbox"/> Website <input type="checkbox"/> _____		Relationship: _____	
Have you volunteered at Victoria Literacy Connection before? If yes, approximate date: _____			
EDUCATION:			
Please check your last completed level of education: <input type="checkbox"/> High School <input type="checkbox"/> Post Secondary <input type="checkbox"/> University <input type="checkbox"/> Graduate		Field of Study: _____	
Please tell us about any experience, certifications, training or special skills you may have relevant to your application to this position. 			
EMPLOYMENT: Please tell us about your previous and/or current employment experiences (or attach resume)			
<i>Agency</i>	<i>Roles and Responsibilities</i>		<i>Length of service</i>
VOLUNTEER EXPERIENCES: Please tell us about your previous and/or current volunteer experiences.			
<i>Agency</i>	<i>Roles and Responsibilities</i>		<i>Length of service</i>

INTERESTS:	
What attracted you to volunteer for VLC?	
Victoria Literacy Connection supports varied Learners . Please identify the type(s) of Learner you would be interested in supporting: <input type="checkbox"/> Adult Learners <input type="checkbox"/> Youth <input type="checkbox"/> Children <input type="checkbox"/> Inmates at Wilkinson Road Correction Centre	
Victoria Literacy Connection supports Learners in a variety of subject areas. Please identify the subject area(s) you would be most interested in tutoring: <input type="checkbox"/> English tutoring - reading, writing, and/or spelling <input type="checkbox"/> ESL Tutoring <input type="checkbox"/> Math tutoring <input type="checkbox"/> Computer Literacy (basic)	
Victoria Literacy Connection - other support: <input type="checkbox"/> Board Membership <input type="checkbox"/> Grant Writing <input type="checkbox"/> Fundraising <input type="checkbox"/> Social Media	

Thank you for completing Victoria Literacy Connection’s Volunteer Tutor application.

Please submit this completed application to Victoria Literacy Connection in person or by mail at #306 – 620 View Street, Victoria BC V8W 1J6 or by email

For our adult tutoring service: Mary Ann Snowden, AdultCo@victorialiteracyconnection.ca

For our children and youth programs: Wendy Payne ChildCo@victorialiteracyconnection.ca

Other: Christine Bossi, ED@victorialiteracyconnection.ca

In addition to this application, all tutor applicants are required to:

- Provide two Letters of Reference,
- Provide a Criminal Record Check valid within the last 6 months

By signing and submitting this Volunteer Application, I agree that the information provided in this application is accurate to the best of my knowledge. I authorize that Victoria Literacy Connection may verify my qualifications and contact the individuals I put forward as references.

I understand that this application does not guarantee acceptance as a volunteer tutor at Victoria Literacy Connection and that Victoria Literacy Connection is under no obligation to accept me as a volunteer, or to provide an explanation of the decision made. This application and subsequent information in my file is the property of Victoria Literacy Connection.

Date: _____ Signature: _____

Victoria Literacy Connection
250-385-0014
AdultCo@victorialiteracyconnection.ca
Childco@victorialiteracyconnection.ca
ED@victorialiteracyconnection.ca
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