



# VICTORIA Literacy Connection

Opening the world of learning in our community.

## Volunteer Application Form

CONTACT INFORMATION:		
<b>Please circle:</b> Mr. Mrs. Miss. Ms. Dr.	<b>First Name:</b>	<b>Last Name:</b>
<b>Street Address:</b>	<b>City:</b>	<b>Province: Postal Code:</b>
<b>Day Phone:</b>	<b>Evening or Cell Phone:</b>	<b>How do you wish to be contacted:</b> <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Other: _____
<b>Email:</b>	<b>Emergency Contact:</b>	
<b>Please check your age group:</b> <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+	<b>Name:</b>	
<b>Birth date (optional):</b>	<b>Phone:</b>	
<b>How did you learn about Victoria Literacy Connection?</b> <input type="checkbox"/> Friend <input type="checkbox"/> Volunteer Victoria <input type="checkbox"/> Website <input type="checkbox"/> _____	<b>Relationship:</b>	
<b>How did you learn about Victoria Literacy Connection?</b> <input type="checkbox"/> Friend <input type="checkbox"/> Volunteer Victoria <input type="checkbox"/> Website <input type="checkbox"/> _____	<b>Have you volunteered at Victoria Literacy Connection before?</b> If yes, approximate date:	
EDUCATION:		
<b>Please check your last completed level of education:</b> <input type="checkbox"/> High School <input type="checkbox"/> Post Secondary <input type="checkbox"/> University <input type="checkbox"/> Graduate	<b>Field of Study:</b>	
<b>Please tell us about any experience, certifications, training or special skills you may have relevant to your application to this position.</b>		
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>

<b>INTERESTS:</b>	
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](mailto:AdultCo@victorialiteracyconnection.ca)

For our children and youth programs: Wendy Payne [ChildCo@victorialiteracyconnection.ca](mailto:ChildCo@victorialiteracyconnection.ca)

Other: Christine Bossi, [ED@victorialiteracyconnection.ca](mailto: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](mailto:AdultCo@victorialiteracyconnection.ca)  
[Childco@victorialiterscyconnection.ca](mailto:Childco@victorialiterscyconnection.ca)  
[ED@victorialiteracyconnection.ca](mailto:ED@victorialiteracyconnection.ca)  
 #306 – 620 View Street, Victoria BC V8W 1J6