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**Volunteer Application**

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| **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:**  *Phone Email Mail Other:\_\_\_\_\_\_\_\_\_\_\_* |
| **Email:** |  **Emergency Contact:***Name:**Phone:**Relationship:* |
| **Please check your age group:** *19-29 30-39 40-49 50-59 60-69 70-79 80+* |
| **Birth date (optional):**  |
| **How did you learn about Victoria Literacy Connection?**  *Friend Volunteer Victoria Website \_\_\_\_\_\_\_\_\_\_\_\_* | **Have you volunteered at Victoria Literacy Connection before?**If yes, approximate date: |
| **EDUCATION:** |
| **Please check your last completed level of education:**  *High School Post Secondary University 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)**  |
| *Agency* | *Roles and Responsibilities* | *Length of service* |
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| **VOLUNTEER EXPERIENCES: Please tell us about your previous and/or current volunteer experiences.**  |
| *Agency* | *Roles and Responsibilities* | *Length of service* |
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| **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: \_\_\_ Adult Learners \_\_\_ Youth \_\_\_ Children \_\_\_ 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:  \_\_\_ English tutoring - reading, writing, and/or spelling \_\_\_ ESL Tutoring  \_\_\_ Math tutoring \_\_\_ Computer Literacy (basic)  |
| Victoria Literacy Connection - other support: \_\_\_ Board Membership \_\_\_ Grant Writing  \_\_\_ Fundraising \_\_\_ 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 authorizethat 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@victorialiterscyconnection.ca

ED@victorialiteracyconnection.ca

#306 – 620 View Street, Victoria BC V8W 1J6