

Volunteer Application

ABC LEARN, INC

134 North Maclay Avenue
San Fernando, CA 91340

Year 2010-2011

Personal Information

Name: _____
Last Name First Name Middle Initial

Address: _____
Street City State Zip code

Date of Birth: _____ (MM/DD/YYYY)
Home Phone: _____ Cell Phone: _____
Fax Number: _____ Referred By: _____
Email (required): _____

Emergency Contact

Name: _____ Relationship: _____
Last Name First Name

Home Phone: _____ Cell Phone: _____
Work Phone: _____ Email (required): _____

Professional Information

How many miles away from your zip code are you willing to travel?
5-9 10-14 15-19 20-24 25+

What languages other than English, do you speak?

What languages other than English, do you write?

If you are a school district employee please tell us which district and provide your ID#:

Have you passed the CBEST? Yes No

Educational Information

Do you hold any degrees, credentials or certificates? If so, please list and submit copies to the office.

Do you have a:
Driver's License? Yes No Computer w/Internet Access? Yes No
Transportation with Insurance? Yes No Fax and/or Scanning Capabilities? Yes No

Please answer the following questions for the program you would like to volunteer for. If you are interested in all the opportunities, please complete all the sections.

(continued on the other side)

Tutoring K-12

What grades are you comfortable with?

K-2

3-5

6-8

High School

What subjects can you tutor? Math

Language Arts

Both

If you can tutor Math, what level? (i.e. Basic, Pre-Algebra, Geometry, etc.)

How many hours per week are you able to tutor? _____

What days of the week are you available to tutor? _____

Adult Literacy/ESL

1. Are you comfortable working one-on-one? Yes No

In small groups? Yes No

2. Do you have teaching experience? Yes No

Tutoring experience? Yes No

3. What times would you be available during the week? (No Fridays or Weekends)

Mon _____

Wed _____

Tues _____

Thurs _____

4. Please describe your teaching and/or tutoring experience

General Office Work

1. Have you ever worked in an office before? Yes No

2. If so, what office skills do you have? (i.e. data entry, filing, organizing, etc.)

3. What computer skills do you possess and what software have you used before?

4. What office equipment have you worked with? (i.e. computer, fax machine, calculator, etc.)

5. What days of the week are you available? _____

Signature

Date