

**BRISTOL COMMUNITY COLLEGE  
ADULT BASIC EDUCATION PROGRAM**

777 Elsbree Street, Room L116  
Fall River MA 02720  
(508) 678-2811 Ext 2042

**LITERACY VOLUNTEER APPLICATION FORM**

We ask everyone interested in becoming a volunteer tutor to complete this form. The information enables us to make the best possible match between tutor and student. Thank you for your cooperation. Please return your completed application to the Fall River ABE Volunteer Coordinator at the address listed above.

Last Name	First Name	Middle Initial
Home Address		
Street Address		
City	State	Zip Code
Home Phone Number	Work phone number	E-Mail Address

I prefer to receive calls at:    \_\_\_ Home \_\_\_ Business \_\_\_ Either

**Emergency Information:**

**In the event of an emergency please notify:**

Name: _____	Relationship: _____
Address: _____	
Home Phone: _____	Work Phone: _____

Check all that apply:		
___ 2-year College Degree	___ 4-year College Degree	Major: _____
___ Advanced Degree	___ HS Diploma/GED	

**Employment Information**

I am:  Employed  Unemployed  Retired  Student

Employer's Name ( or School):  Address: _____
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**Personal Information**

Date of Birth: \_\_\_\_\_

Have you ever been convicted of a crime? No  Yes  If yes, please explain:

The following item is optional. This information is used only for statistical analysis:

**Gender**

Female  
 Male

**Ethnic Background**

Caucasian  African American  Asian  
 Hispanic  Native American  Other

References: Please list three people other than relatives who would be willing to give you a personal reference.

Last Name	First Name	Relationship	
Street Address			
City	State	Zip Code	Phone Number
Last Name	First Name	Relationship	
Street Address			
City	State	Zip Code	Phone Number
Last Name	First Name	Relationship	
Street Address			
City	State	Zip Code	Phone Number

**Tutor Preferences**

This section helps us match you with a learner

Best days and times to meet with learners.

Please circle all of your available times write the time underneath the day for example 9 am to 11 am.

Available: (Please Circle):					
MON	TUE	WED	THU	FRI	SAT
_____	_____	_____	_____	_____	_____

I would like to tutor: (Please check off below)

READING \_\_\_\_\_ MATH \_\_\_\_\_

I PREFER: Female Learner \_\_\_ Male Learner \_\_\_ Either \_\_\_\_\_

Other Preferences:

**Additional Questions**

How did you hear about the program?

Why would you like to become a literacy volunteer?

Would you be willing to help in other areas of the program? Classroom \_\_\_\_\_ Computers \_\_\_\_\_

Volunteer Library \_\_\_\_\_ Newsletter \_\_\_\_\_ Phone calls \_\_\_\_\_

I understand that the Department of Elementary & Secondary Education recommends that a volunteer commit to a minimum of six months. This time is needed to effectively help learners reach their goals.

I attest that the statements made in this volunteer application are correct to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_