



Volunteer Registration Form

Name: _____

Phone: (home) _____ (work) _____ (cell) _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

E-mail Address: _____ **Birth date:** _____

Emergency contact name: _____ **Relationship:** _____

Emergency contact phone no: _____

Source of Referral to our program (Please check one)

- | | |
|--|--|
| <input type="checkbox"/> Another volunteer | <input type="checkbox"/> Other Agency |
| <input type="checkbox"/> Contact Concern | <input type="checkbox"/> Special Event |
| <input type="checkbox"/> Dollar General Referral Program | <input type="checkbox"/> Telephone book |
| <input type="checkbox"/> Employer | <input type="checkbox"/> TV/Radio |
| <input type="checkbox"/> Friend/family | <input type="checkbox"/> Volunteer Kingsport |
| <input type="checkbox"/> Library | <input type="checkbox"/> LCK Web Site |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other _____ |

Educational Background

<u>Name and Location</u>	<u>Graduation Date</u>	<u>Degree</u>
High School _____		
College _____		
Other _____		

Work Experience

Check one: Employed Self Employed Unemployed Retired

<u>Current or Previous Employers</u>	<u>Date of employment</u>	<u>Positions Held:</u>



Volunteer Experience (Please list agencies, volunteer positions, dates):

Position	Agency	Date of volunteer work

Volunteer's Ethnicity: (Please check one)

<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Native Hawaiian/other Pacific Islander	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> White
<input type="checkbox"/> Other _____	

Volunteer Area of Interest: (Please check the volunteer positions you are interested in.)

<input type="checkbox"/> Tutor for Adult Literacy Students	<input type="checkbox"/> Board of Directors Committees:
<input type="checkbox"/> Tutor for Adult ESOL students	<input type="checkbox"/> Fundraising Committee
<input type="checkbox"/> Tutor for children	<input type="checkbox"/> Training Committee
<input type="checkbox"/> Volunteer Office Assistant	<input type="checkbox"/> Public Relations Committee
<input type="checkbox"/> Computer tutor	<input type="checkbox"/> Program Committee
<input type="checkbox"/> Tutor Coordinator	
<input type="checkbox"/> Mailing Volunteer	

References: (Please list contact information for three personal and/or professional references.)

- **personal references** (non-relation)
ex: community leaders, organizational/committee members, teachers, neighbors, teammates
- **professional references**

Name: _____
 Address: _____
 City/State/Zip _____ Phone _____
 Email Address: _____
 Relationship: _____

Name: _____
 Address: _____
 City/State/Zip _____ Phone _____
 Email Address: _____
 Relationship: _____

Name: _____
 Address: _____
 City/State/Zip _____ Phone _____
 Email Address: _____
 Relationship: _____

Please return this form to the Literacy Council of Kingsport, 326 Commerce St., Kingsport, TN 37660.