



247 Broad St. Suite 300-1
Kingsport, TN 37660
lckingsport@gmail.com

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>



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

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: _____



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Program Preferences:

Tutor:

- Adult Basic Literacy Tutor
- English as a Second Language (ESL) Tutor
- English Conversation Group Leader
- Substitute Tutor
- Math Tutor/Science Tutor/History Tutor

Gender of Student:

- Male
- Female
- Either

Types of Tutoring

- In-Person
- Remote

Location:

- Literacy Council Office
- Kingsport Library (Saturdays and after office hours)
- Local Church/Agency (after office hours)
- Other Library (Johnson City, Hawkins County, Church Hill)

Other Volunteer Opportunities:

- Office Assistant
- Fundraiser/Project Assistant

Availability:

- Monday**
Time: Morning _____ Afternoon: _____ Evening: _____
- Tuesday**
Time: Morning _____ Afternoon: _____ Evening: _____
- Wednesday**
Time: Morning _____ Afternoon: _____ Evening: _____
- Thursday**
Time: Morning _____ Afternoon: _____ Evening: _____
- Friday**
Time: Morning _____ Afternoon: _____ Evening: _____
- Saturday**
Time: Morning _____ Afternoon: _____ Evening: _____

Date available to start tutoring: _____

Please return this form to the Literacy Council of Kingsport, 247 Broad St. Suite 300-1, Kingsport, TN 37660 or by email to lckingsport@gmail.com.