

Douglas County Libraries

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Adult Literacy Program • Student Application

Date: _____

Name: _____ Telephone: _____

Address: _____
(street address)

_____ Email: _____
(city and zip code)

Emergency contact (name, relationship, & telephone number):

Your Age: 17 18-24 25-39 40-54 55 + Gender: Male Female

Native Country: _____ Native Language: _____

For Non- Natives: How long have you been in the United States? _____

Education? None 1 2 3 4 5 6 7 8 9 10 11 12 University, Studied _____

Please write in the times you are available to meet with your tutor:

Libraries are open 9am- 9pm on Mon - Thurs, 9am - 5pm on Fri / Sat, and 12pm - 5pm on Sun

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Morning							Closed
Afternoon							
Evening					Closed	Closed	Closed

Preferred library: Highlands Ranch Parker Castle Rock Lone Tree Roxborough

Tutor preferences; circle all that apply: Male Female Older Younger Does not matter

What are your goals? Please check all that apply:

- | | | |
|-------------------------------|-----------------------------------|---|
| <input type="checkbox"/> GED: | <input type="checkbox"/> English: | <input type="checkbox"/> US Citizenship |
| __Reading | __Conversation | <input type="checkbox"/> Job Skills |
| __Science | __Listening | <input type="checkbox"/> Family Skills |
| __Social Studies | __Reading | <input type="checkbox"/> Literacy: |
| __Math | __Vocabulary | __Reading |
| __Writing | __Writing | __Writing |
| __ALL | __ALL | __BOTH |

Please continue to answer additional questions on Page 2 of this form.

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If applying for ESL help...

How would you rate your current English level? No English spoken—Low Intermediate High

How do you hope to apply your English?

- I want to learn English to get a job. Yes/No
- I want to learn English to pass an exam. Yes/No
- I want to learn English to communicate with coworkers. Yes/No
- I want to learn English to speak with friends and neighbors. Yes/No
- Other? _____

For all applicants...

Why do you want to participate in this program?

Do you have any special needs?

What are your interests and/or hobbies?

Please complete and return this form to your local library, fax to 303-688-7655, or mail to:

Adult Literacy Program
ATTN: Kate Prestwood
Douglas County Libraries
100 S. Wilcox Street
Castle Rock, CO 80104

Please contact Kate Prestwood at (303) 688-7646 or kprestwood@dclibraries.org with any questions.