

Douglas County Libraries

Adult Literacy Program • Volunteer Application

Date: _____

Name: _____ Telephone: _____

Address: _____

Email: _____ Age: 21-25 26-39 40-54 55+ Gender: Male Female

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

Best way to contact you? Phone Email Hours per week preferred? _____

Preferred Meeting Library: Highlands Ranch Parker Castle Rock Lone Tree Roxborough

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

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

Highest level of education completed/degrees held: _____

Languages Spoken/ Fluency Level: _____

Which program are you most interested in?

- Practice Your English (Conversation)
- One 2 One (tutoring)
- Douglas County Jail (GED or ESL)

What subjects are you most interested in teaching?

- GED:
 - Reading
 - Science
 - Social Studies
 - Math
 - Writing
 - ALL
- English:
 - Conversation
 - Listening
 - Reading
 - Vocabulary
 - Writing
 - ALL
- US Citizenship
 - Job Skills
 - Family Skills
 - Literacy:
 - Reading
 - Writing
 - BOTH

What type of student are you most interested in working with?

- English Learner
- Literacy Learner
- Citizenship
- GED
- Small Group
- Woman
- Man
- Younger
- Older
- Doesn't Matter

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

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Adult Literacy Program • Volunteer Application, p. 2

Why would you like to become a volunteer in the Adult Literacy Department?

List any past experiences that might be useful to us (volunteer/work/training/etc):

How did you hear about this program?

Please provide 3 references, who are not relatives:

Name	Email Address <small>(Phone # if email not available)</small>	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that, as a volunteer, I will be assigned to perform whatever duties the library considers most necessary and helpful to its operation. I also understand that my work will be reviewed and my services at the library may be concluded at any time.

Signature: _____ Date: _____

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.