
VOLUNTEER/TUTOR APPLICATION

This form is to be completed for each new volunteer applicant. Once complete the information gathered must be entered into the online registration system before the volunteer can be activated.

Instructions:

- Complete each section of the application.
- Note that all information given will be held in strict confidence, and only be used for matters relating to this volunteer activity.
- Information provided will be verified; false statements or omissions may result in applicant refusal.



VOLUNTEER/TUTOR APPLICATION

PERSONAL INFORMATION

First Name: _____ Last Name: _____

Street Address: _____ Apt: _____

City/Town: _____ Province: __NB__ Postal Code: _____

Phone Number: _____ Alternate Phone: _____

Email Address: _____

Date of Birth (optional) _____ (month/day/year)

Mother Tongue: _____ (French/English/Other)

Gender: Man Woman Genderqueer/Non-binary Other Prefer not to say

Pronoun Preference: He/Him She/Her They/Them

How did you hear about Laubach Literacy? _____

How much time do you have to dedicate to a volunteer position with us? (# hrs/wk or month)

Please indicate which areas interest you for volunteering:

Board/Committees Marketing/Publicity Fundraising Graphic Design

Public Speaking Special Events Data Entry/Admin **Tutor**

Other: _____

Do you possess any special skills or interest that you feel would be an asset?

Yes No

If yes, then please provide details: _____

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EMPLOYMENT INFORMATION

1. What is your employment status?

- Full Time Part Time Retired
 Self Employed Unemployed Long Term Disability
 Seasonal Out of the Labour Market (i.e. SAHM)

If employed, please answer questions 2 to 5. If not, please proceed to question 6.

2. Occupation Title: _____

3. Current Employment Information:

Company Name _____

Street Address _____ Unit # _____ PO Box _____

City/ Town _____ Province __NB__ Postal Code _____

4. If employed less than one year, or if retired please give previous employer details.

Company Name _____

Street Address _____ Unit # _____ PO Box _____

City/ Town _____ Province __NB__ Postal Code _____

5. May we contact your employer (current or previous)? Yes No

If no, please elaborate: _____

6. Any additional work experience you feel may be relevant? Yes No

If yes, please provide details: _____

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PREVIOUS VOLUNTEER EXPERIENCE

Have you volunteered with any non-profit community agencies before? Yes No
If yes, then please provide the following details. If more than one, then please use the blank space below to provide additional info.

Organization Name: _____

Contact Name _____

Street Address _____ Unit # _____ PO Box _____

City/ Town _____ Province __NB__ Postal Code _____

Dates: _____

Responsibilities: _____

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CONFIRMATION

I, the undersigned, hereby certify the stated information is correct and accurate. I agree to inform the Tutor Coordinator of the _____ (Regional Council) of any changes to this information in a timely manner. I understand that it will be considered confidential, and subject to verification. I have no objection to Laubach Literacy New Brunswick, or its affiliated council, checking with the appropriate authorities regarding my background or history, if applicable. I also understand that neither Laubach Literacy New Brunswick, nor its affiliated council, is under any obligation to accept or assign any applicant. It also reserves the right to hold in confidence any information concerning decisions with regard to my application.

Volunteer's Name (print): _____

Volunteer's Signature: _____

Date: _____