

Volunteer Application

Name: _____ Date of Birth: _____ Age: _____

Mailing Address: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Employment: Full Time Part Time Retired Student Other: _____

Gender: Male Female Race: _____

Education: High School Diploma/GED College Graduate School

Degrees: _____ Areas of Study: _____

What volunteer activities interest you? (Check all that apply)

- Reading Mathematics Computer Training Small Group Instruction
 Office Duties

What days are you available for tutoring? (Check all that apply. Please note if you are willing to tutor more than once per week)

- Monday Tuesday Wednesday Thursday Friday Saturday

What times would you be available to tutor for at least 1-1 ½ hours?

- Mornings (9:00am-Noon) Afternoons (Noon-5:30pm) Evenings (5:30pm-8:00pm)

Tutoring locations at which you would like to tutor:

- HCLC Office Hampton County Library Estill Library Other: _____

Learner Preference: Male Female No Preference

Tutor Contract

As a tutor with Hampton County Literacy Council, I expect the program to provide basic tutor training, materials, in-service workshops, tutoring space, and general support. I expect that the staff of HCLC will do their best to make this a successful volunteer experience.

In return, I agree to the following:

I will...

- Complete tutor training.
- Make a (semester, yearlong) commitment to work with the program.
- Meet on a regular basis for at least 1-1 ½ hours.
- Call the Executive Director to discuss or report progress/problems or to report any breaks longer than two weeks.
- Provide updates on progress as requested by the director.
- Return any materials that can be reused or recycled.
- Abide by the rules/expectations of the program and of partner sites including dress code and confidentiality.

I agree to inform the program if I cannot fulfill my commitment. I understand that the program reserves the right to terminate our volunteer agreement if I cannot fulfill the above commitment.

Signature: _____ Date: _____

Confidentiality Agreement

Hampton County Literacy Council requires that strict confidentiality be maintained with respect to all information obtained by volunteers concerning the organization, as well as the clients and others they serve.

The volunteer shall not disclose any information obtained in the course of his/her volunteer placement to any third parties without prior written consent from the organization. This includes but is not limited to information pertaining to financial status and operations such as budget information, donations of money or in kind gifts, salary information, information pertaining to clients, staff, or other volunteers.

No information concerning any volunteer will be divulged without prior written consent of the volunteer. This includes addresses, telephone numbers, etc. Failure to comply with the confidentiality policies of the organization may result in disciplinary actions, including the dismissal of the volunteer.

I understand the above and agree to uphold the confidentiality of these matters both during and following my volunteer service with the organization.

Signature: _____ Date: _____