

**THE FAMILY RESOURCE CENTER OF SHEBOYGAN COUNTY  
LITERACY COUNCIL PROJECT**

PLYMOUTH  
1500 Douglas Drive, Ste B • Plymouth, WI 53073  
920/892-6706 • Fax: 920/893-4403



SHEBOYGAN  
2508 South 8<sup>th</sup> Street • Sheboygan, WI 53081  
920/457-1888 • Fax: 920/457-4690

*e-mail: frcliteracy@excel.net*

**VOLUNTEER INTAKE FORM — Confidential**

*The information on this form is used for local program development and for reporting to our funding sources.  
Information will be kept confidential. No identifying information will be shared.*

**DATE** \_\_\_\_\_

*I would like to volunteer for:*

- CHECK PROGRAM(S)**       One-on-One Adult Tutoring  
 Partners In Reading with Sheboygan County Elementary Schools

**PERSONAL INFORMATION**

Name \_\_\_\_\_  Male  Female  
 Full Address \_\_\_\_\_  
 Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_  
 E-mail \_\_\_\_\_ Join our E-mail list?  Yes  No  
 Native Language(s) \_\_\_\_\_  Read  Write  
 Other Languages \_\_\_\_\_  Read  Write  Speak

**AUTHORIZATION**

*I understand that a criminal background check will be performed by the Literacy Council Project of Family the Resource Center of Sheboygan County, before I am accepted as a volunteer. I authorize any institution, information agency or law enforcement agency to furnish any and all related information.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Any information received as a result of a background check is kept strictly confidential.*

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| <p><b>ETHNIC GROUP</b><br/><i>Circle one.</i></p> <ol style="list-style-type: none"> <li>Latino (Hispanic)</li> <li>Asian/Pacific Islander</li> <li>African American/Black</li> <li>American Indian/Alaskan Native</li> <li>Caucasian</li> <li>Multiracial</li> </ol> | <p><b>EDUCATION</b><br/><i>Circle highest completed..</i></p> <ol style="list-style-type: none"> <li>&lt; Grade 12</li> <li>H.S. Diploma</li> <li>Some College</li> <li>Undergraduate Degree</li> <li>Graduate Degree</li> </ol> | <p><b>SOURCE OF REFERRAL</b><br/><i>Circle all that apply.</i></p> <ol style="list-style-type: none"> <li>TV/Radio/Newspaper</li> <li>Friend or relative</li> <li>School</li> <li>Library</li> <li>Flyer/Brochure/Catalog</li> <li>Website</li> <li>Other _____</li> </ol> |
|---|--|--|

**PREFERENCES FOR ONE-ON-ONE TUTORING**

| <p><b>WHEN ARE YOU AVAILABLE?</b><br/><i>Please check all that apply.</i></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%;"></th> <th style="width:20%; text-align: center;">Morning</th> <th style="width:20%; text-align: center;">Afternoon</th> <th style="width:20%; text-align: center;">Evening</th> </tr> </thead> <tbody> <tr> <td>Monday.....</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Tuesday.....</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Wednesday.....</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Thursday.....</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Friday.....</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Saturday.....</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Sunday.....</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </tbody> </table> |                          | Morning                  | Afternoon                | Evening | Monday..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tuesday..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wednesday..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Thursday..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Friday..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Saturday..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sunday..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p><b>STUDENT PREFERENCE:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Either</p> <p><b>Where do you prefer to meet?</b> _____</p> <p><b>Do you have transportation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Do you have special needs? If yes, please check all that apply:</b> <input type="checkbox"/> Physical <input type="checkbox"/> Visual <input type="checkbox"/> Hearing<br/> <input type="checkbox"/> Other _____</p> |
|--|--------------------------|--------------------------|--------------------------|---------|-------------|--------------------------|--------------------------|--------------------------|--------------|--------------------------|--------------------------|--------------------------|----------------|--------------------------|--------------------------|--------------------------|---------------|--------------------------|--------------------------|--------------------------|-------------|--------------------------|--------------------------|--------------------------|---------------|--------------------------|--------------------------|--------------------------|-------------|--------------------------|--------------------------|--------------------------|--|
|  | Morning                  | Afternoon                | Evening                  |         |             |                          |                          |                          |              |                          |                          |                          |                |                          |                          |                          |               |                          |                          |                          |             |                          |                          |                          |               |                          |                          |                          |             |                          |                          |                          |  |
| Monday.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |             |                          |                          |                          |              |                          |                          |                          |                |                          |                          |                          |               |                          |                          |                          |             |                          |                          |                          |               |                          |                          |                          |             |                          |                          |                          |  |
| Tuesday.....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |             |                          |                          |                          |              |                          |                          |                          |                |                          |                          |                          |               |                          |                          |                          |             |                          |                          |                          |               |                          |                          |                          |             |                          |                          |                          |  |
| Wednesday.....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |             |                          |                          |                          |              |                          |                          |                          |                |                          |                          |                          |               |                          |                          |                          |             |                          |                          |                          |               |                          |                          |                          |             |                          |                          |                          |  |
| Thursday.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |             |                          |                          |                          |              |                          |                          |                          |                |                          |                          |                          |               |                          |                          |                          |             |                          |                          |                          |               |                          |                          |                          |             |                          |                          |                          |  |
| Friday.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |             |                          |                          |                          |              |                          |                          |                          |                |                          |                          |                          |               |                          |                          |                          |             |                          |                          |                          |               |                          |                          |                          |             |                          |                          |                          |  |
| Saturday.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |             |                          |                          |                          |              |                          |                          |                          |                |                          |                          |                          |               |                          |                          |                          |             |                          |                          |                          |               |                          |                          |                          |             |                          |                          |                          |  |
| Sunday.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |             |                          |                          |                          |              |                          |                          |                          |                |                          |                          |                          |               |                          |                          |                          |             |                          |                          |                          |               |                          |                          |                          |             |                          |                          |                          |  |

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| <b>PREFERENCES FOR <u>PARTNERS IN READING</u></b>   |
| <p>Preferred School: _____</p> <p>Preferred Grade(s) (K, 1, 2, 3, 4, 5): _____</p> <p>Have you worked with this age group before? _____ If yes, please describe: _____</p> <p>_____</p> |

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|---|
| <b>PLEASE LIST TWO PERSONAL OR PROFESSIONAL REFERENCES</b>  |
| <p>Name _____</p> <p>Relationship _____ Phone Number _____</p> <p>Name _____</p> <p>Relationship _____ Phone Number _____</p> |

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|--|
| <b>BACKGROUND AND EXPERIENCE</b>   |
| <p>What is your occupation (or former occupation, if retired)? _____</p> <p>Are you currently employed? Yes____ No____ Retired____</p> <p>Have you tutored or taught in the past? Yes____ No____</p> <p style="padding-left: 20px;">If yes, please briefly describe: _____</p> <p>Any other special skills or interests? _____</p> |

|   |
|---|
| <i>For Office Use Only</i>  |
| <p>Start Date: _____</p> <p>Program: _____</p> <p>Training: _____</p> <p>Comments: _____</p> <p>STATUS: Waiting_____ Active_____ Inactive_____ Withdrawn_____</p> |