



P.A.L.S. – PROJECT ADULT LITERACY SOCIETY

VOLUNTEER APPLICATION

Name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Person to Contact in Case of Emergency

Name: _____ Phone Number: _____

Relationship: _____ Other Number: _____

Current Occupation/Profession: _____

Education:

High School Certificate _____ Diploma _____

Degree _____ Other _____

Do you have any special needs we should be aware of?

How did you find P.A.L.S.?

- TV Radio Newspaper Bookmark
 Bridge Banner Friend Student at P.A.L.S.
 Other (please specify): _____

The following information will assist us in matching you with a student:

Your Age Group: 18-24 25-34 35-44
 45-54 55-64 65 or over

Student Preferred: Male Female Either

Do you have a student who you are planning to tutor? Yes No

When are you available to work with a student?

Mornings Afternoons Evenings Varies

Which days do you prefer?

Mon Tues Wed Thurs Fri Sat Sun

What mode of transportation is available to you?

Vehicle Transit Other: _____

Program in which you would like to volunteer:

- Literacy
- LELL – Literacy for English Language Learners
- Math Literacy
- Computer Literacy

- Effective August 10, 1998: All potential volunteers must agree to have a security clearance conducted by the Edmonton Police Service
- P.A.L.S. - Project Adult Literacy Society will cover the cost to complete a Canadian Police Information Check on behalf of new volunteers
- I have been informed of and understand the privacy policies of P.A.L.S.

Date: _____

Signature: _____



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VOLUNTEER REFERENCES

P.A.L.S. requires that each Volunteer Applicant provide three (3) personal references that you give consent for us to contact.

Signature

Date

1. Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

Relationship to You: _____

2. Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

Relationship to You: _____

3. Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

Relationship to You: _____

OFFICE

Date mailed out _____

Volunteer Coordinator _____