



Yamaska Literacy Council

Conseil de l'alphabétisation de Yamaska

VOLUNTEER APPLICATION FORM

Date: _____

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone (Res.): _____ (Work): _____

(Cellular) _____ (FAX): _____

Email: _____

• How did you hear about our program? _____

• Can we call you at work? Yes No

• When are you available? Day Evening Weekend

• What position(s) are you interested in applying for? (Check all that apply)

- Tutor
- Director
- Trainer
- General Volunteer

• How much volunteer time do you have to offer? _____

• Have you ever taught adults? Yes No

Examples:

• Could you travel to your student if necessary? Yes No

• Would it bother you if your student smoked? Yes No

• Do you have access to a computer? Yes No

• How would you rate your comfort level using a computer?

Not Comfortable (No experience, or beginner)

Comfortable (basic-intermediate)

Very comfortable (use a variety of applications, i.e. Word, Internet, social media, etc.)

• Have you ever volunteered for another not-for-profit organization?

Yes No

Organization: _____

505, rue du Sud, suite 203, Cowansville, QC J2K 2X9

•450-263-7503 •1-866-337-7503 •yamaskalit@endirect.qc.ca •www.yamaskaliteracy.ca



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ADDITIONAL INFORMATION:

DECLARATION

- I give my permission for Yamaska Literacy Council to contact the following people to conduct a reference check about my suitability for the positions identified above. I also am willing to undergo a Police Records Check, if such a check is required for the positions in which I have indicated an interest. I understand the information obtained will be kept confidential.

Yes No

REFERENCES:

1) Name:

Address:

City:

Postal Code:

Province:

Phone Number:

2) Name:

Address:

City:

Postal Code:

Province:

Phone Number:

- I agree that all information regarding student identity, of whatever nature, is to be held in the strictest confidence, unless express, written permission is obtained from the student. Yes
- I authorize photos of myself to be used with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. Yes No
- I understand that the Yamaska Literacy Council is under no obligation to accept or match an applicant. Yes

Signature: _____

Date: _____

Please complete and return the application to the Yamaska Literacy Council.

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