



354 Hogan Road
Bangor, Maine 04401
www.lvbangor.org
info@lvbangor.org
207-947-8451

Basic Literacy Learner Application Form

Name: _____ Today's Date: (mm/dd/year) ____ | ____ | ____

Street Address: _____

City: _____ State: _____ Zip: _____

Complete Mailing Address (if different from above): _____

Gender: Male Female Date of Birth: (mm/dd/year) ____ | ____ | ____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Preferred Phone: Home Cell Work

Email: _____

In case of emergency, please contact: _____ Relationship: _____

Emergency Contact Phone: _____

Ethnic Group:

American Indian/Alaskan Native Asian	Native Hawaiian/Pacific Island Black/African American	Hispanic/Latino(a) White	Other Not Available
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Education: Highest Grade Completed:

Less than 12th Grade; last year: _____ High School Diploma/GED	Some College Undergraduate Degree	Graduate Degree Not Available
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Employment Status (check one): _____

____ Employed _____ Unemployed/Looking _____ Not in Labor Force (Retired, Student, etc.)

If you are employed, occupation: _____

Place of employment: _____

Child or Children (check all that apply):

None			
Child #1:	Male	Female	Age: _____
Child #2:	Male	Female	Age: _____
Child #3:	Male	Female	Age: _____
Child #4:	Male	Female	Age: _____

How did you find out about Literacy Volunteers of Bangor? (check all that apply):

TV/Radio	Employer	Special Event	Social Media
Poster/Pamphlet/Brochure	Other Student	Other agency	Other: _____
Family /Friend	Newspaper	College	
Library	Website/Internet	Healthcare Provider:	

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	Yes	No
Are you receiving public assistance?		
Do you have a formally diagnosed learning disability?		
Do you have any other disability?		

Who told you about Literacy Volunteers?

Name:	Phone:	
Have you ever worked with a Literacy Volunteer? If so, where?	Yes	No
	When?	
Have you ever attended Adult Ed? If so, where?	Yes	No
	When?	

When can you meet with a tutor (check all that apply):

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Do you have transportation?	Yes	No
What public place(s) would be best for you to meet with your tutor?		

If you were to be matched with a tutor, what would be your preference? (check all that apply)?

Male Female Younger Older No Preference

What are your Interests/Hobbies?

Do you exercise your right to vote in local, state, or national elections?

Yes No Sometimes

I agree that all the above information is true to the best of my knowledge.

Student Signature: _____ Date: _____
You may use either an electronic signature or simply type your name in the space provided.

Interviewer Signature: _____ Date: _____
You may use either an electronic signature or simply type your name in the space provided.

In complying with the letter and spirit of applicable laws, LV-Bangor accepts volunteers, employees, and students without discrimination on the basis of a person's race, religion, color, age, gender, national origin, citizenship, physical or mental disabilities, political beliefs, marital or family status, sexual orientation, veteran status, or other classification protected by law.



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Basic Literacy Learner Application—Initial Goals & Outcomes

Name: _____ Date: _____

Why did you contact us?

In what area(s) do you want to receive the most help from Literacy Volunteers of Bangor? (check all that apply):

Reading

Writing

Spelling

Conversation

Other:

What do you want to learn? What do you want to be able to do?

Work-related reasons:

Community member reasons:

How will you know that you have made progress?

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