



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

Basic Literacy Student Application Form

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

Street Address: _____

City: _____ State: _____ Zip: _____

Complete Mailing Address (if different from above): _____

Gender: Male Female Do not identify Date of Birth (mm/dd/year) _____

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

Preferred Contact: Home Cell Work Email

Email: _____

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

Emergency Contact Phone: _____

Ethnic Group:

American Indian/Alaskan Native Native Hawaiian/Pacific Island Hispanic/Latino(a) Other
Asian Black/African American White

Education: Highest Grade Completed:

Less than 12th Grade; last year: _____ Some College Graduate Degree
High School Diploma/GED Undergraduate Degree

Employment Status (check one): _____

____ Employed ____ Unemployed/Looking ____ Not in Labor Force (Retired, student, disabled, 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/BusAd Employer Special Event Social Media
Poster/Pamphlet/Brochure Other Student Other agency Other:
Family /Friend Newspaper College
Library Website/Internet Healthcare Provider:

Basic Literacy Student Application Form

	Yes	No
Are you receiving public assistance? (SNAP, TANF, GA, etc.)		
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.

Basic Literacy Student Application—Initial Goals & Outcomes

Name: _____ Date: _____

Why did you contact us?

What would you like help with? (Check all that apply:

- | | |
|-------------------------------------|--|
| Reading | Spelling |
| for general information | Writing |
| for health information | Math |
| for work reasons | Get a job / get a better job |
| for pleasure | Get a driver's license |
| join a book club | Get diploma or certificate |
| to children | Get into training or further education |
| helping children in and with school | Improve self-confidence |

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

How will you know that you have made progress?