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English Language 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 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: _____

Ethnic Group: _____ **Emergency Contact Phone:** _____

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

Region of Origin:

- | | | |
|-------------|----------------|-----------------------|
| Asia | Eastern Europe | Puerto Rico |
| Africa | Western Europe | Central/South America |
| Middle East | Mexico | Other |

Native Language: _____ **Country of Origin:** _____

Education: Highest Grade Completed: _____

- | | | |
|--|----------------------|-----------------|
| Less than 12th Grade; last year: _____ | Some College | Graduate Degree |
| High School Diploma/GED | Undergraduate Degree | Not Available |

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: _____

	Yes	No
Do you have a formally diagnosed learning disability?		
Do you have any other disability?		

English Language Learner Application Form

	Yes	No	I am a citizen
Are you interested in becoming a U.S. citizen?			

Have you voted in U.S. local, state, or national elections?

Yes No Sometimes Does not apply

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:	

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?

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.

English Language Learner Application—Initial Goals and Outcomes

Name: _____ Date: _____

Why did you contact us?

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

Learn better English

 speak English and have
 conversations with others

 understand English

 help with accent

 understand American culture /
 customs / my community

 obtain U.S. Citizenship

Reading

 for general information

 for health information

 for work reasons

 for pleasure

 join a book club

 to children

 helping children in and with school

Spelling

Writing

Math

Get a job / get a better job

Get a driver's license

Get diploma or certificate

Get into training or further education

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?