



PROJECT READ

CHANGING LIVES THROUGH LITERACY

Volunteer Application

This form must be filled out completely for your application to be considered. Project Read relies on the accuracy of your responses and the discovery of any information to the contrary is grounds for immediate dismissal.

PERSONAL INFORMATION

Name (Last, First, Middle):				Date: / /	
Street Address:					
City:		State:	Zip:		Email:
Phone Numbers:	Home: () -		Work: () -		Ext: Cell: () -
Best way to contact:	Home <input type="checkbox"/>	Work <input type="checkbox"/>	Cell <input type="checkbox"/>	E-mail <input type="checkbox"/>	
Native Language: <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write			Second Language: <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write		
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		DOB: / /		Place of Birth:	
Ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> African-American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Other					

EDUCATION AND EXPERIENCE

Specific times you are available to meet: <table border="1"> <thead> <tr> <th></th> <th>Morning</th> <th>Afternoon</th> <th>Evening</th> </tr> </thead> <tbody> <tr><td>Monday</td><td></td><td></td><td></td></tr> <tr><td>Tuesday</td><td></td><td></td><td></td></tr> <tr><td>Wednesday</td><td></td><td></td><td></td></tr> <tr><td>Thursday</td><td></td><td></td><td></td></tr> <tr><td>Friday</td><td></td><td></td><td></td></tr> <tr><td>Saturday</td><td></td><td></td><td></td></tr> </tbody> </table>				Morning	Afternoon	Evening	Monday				Tuesday				Wednesday				Thursday				Friday				Saturday				Location Pref. <input type="checkbox"/> Provo Library <input type="checkbox"/> Orem Library <input type="checkbox"/> Am. Fork Library <input type="checkbox"/> Pl. Grove Library <input type="checkbox"/> Payson Library <input type="checkbox"/> BYU <input type="checkbox"/> UVU <input type="checkbox"/> Provo Adult Ed. <input type="checkbox"/> Other		Transport. <input type="checkbox"/> Walk <input type="checkbox"/> Car <input type="checkbox"/> Bus	Student Pref. <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Either <input type="checkbox"/> Any Age <input type="checkbox"/> Age:
	Morning	Afternoon	Evening																															
Monday																																		
Tuesday																																		
Wednesday																																		
Thursday																																		
Friday																																		
Saturday																																		
Are you a student? <input type="checkbox"/> Yes <input type="checkbox"/> No Where? <input type="checkbox"/> BYU <input type="checkbox"/> UVU <input type="checkbox"/> Other Major:			Highest level of education completed: <input type="checkbox"/> High School Diploma <input type="checkbox"/> Some College, no degree <input type="checkbox"/> College Degree (please specify):																															
Employment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed			Employer:																															
I would like to volunteer with Project Read in the following way:																																		
<input type="checkbox"/> Tutor Volunteer: Plan and prepare lessons and work one-on-one with students 3+ hours per week. <input type="checkbox"/> Lab Volunteer: Participate and support staff instructors in our Literacy and Writing Labs at least once a month. <input type="checkbox"/> Office Volunteer: Complete with office tasks and projects on a weekly, or as needed, basis. <input type="checkbox"/> Events Support: Assist staff members in planning and carrying out various events and activities. <input type="checkbox"/> Other: (Explain)																																		
Referral Source: <input type="checkbox"/> BYU <input type="checkbox"/> UVU <input type="checkbox"/> Internet* <input type="checkbox"/> Library <input type="checkbox"/> Service Fair <input type="checkbox"/> Newspaper* <input type="checkbox"/> Friend <input type="checkbox"/> Family* <input type="checkbox"/> Special Event <input type="checkbox"/> Poster <input type="checkbox"/> Pamphlet <input type="checkbox"/> Employer <input type="checkbox"/> Other:																																		
*Please specify:																																		

By signing below, I give Project Read permission to conduct a criminal background check.

Signature:	Date: / /
------------	-----------

You may return this form in a number of different ways. You may email it to info@projectreadutah.org, fax it to Project Read at 801.852.7662, or mail it to: Project Read|550 N University Ave|Suite #215|Provo, UT 84601 | www.projectreadutah.org



PROJECT READ

CHANGING LIVES THROUGH LITERACY

VOLUNTEER CONFIDENTIALITY AGREEMENT

This agreement applies to all volunteer associated with and/or involved in the activities or affairs or Project Read. This includes all activity associated with Project Read and its main office and all outreach site locations.

All data, materials, knowledge, and information generated through, originating from, or having to do with Project Read or persons associated with our activities, including contractors, is to be considered privileged and confidential and is not to be disclosed to any third party. All pages, forms, information, designs, documents, printed matter, policies and procedures, conversations, messages (received or transmitted), resources, contacts, e-mail lists, e-mail messages, client, staff or public information is confidential and the sole property of Project Read.

This also includes, but it not limited to, any information of, or relating to, our staff, clients, operations, and activities. This privilege extends to all forms and formats in which the information is maintained and stored, including, but not limited to hardcopy, photocopy, automated and/or electronic form.

Client information, including copying or transmitting of any material, data or information, whether intentional or unintentional, with subject you to disciplinary action and/or prosecution, according to the procedures set by Project Read and any applicable laws.

My signature signifies I agree to these terms and will abide by, adhere to, and honor all of the above.

Signature of Volunteer

Date

Signature of Project Read Employee Supervising Volunteer

Date



PROJECT READ

CHANGING LIVES THROUGH LITERACY

RELEASE/CONSENT FORM

I hereby grant permission to Project Read to use my name/writing/film/photo image for display on the Project Read web site and/or to use my name/writing/film/photo image in any educational/instructional or promotional videos, CD-ROMs or printed materials developed and distributed by Project Read or its partners.

Signed: _____ Date: _____

Print Name: _____

Address: _____

Telephone: _____

Email: _____

If you are under 18 years of age, please have a parent or guardian complete the bottom portion of this form.

I, _____, the parent or guardian of, _____, hereby give my consent to Project Read to use my child's name and any writing/film/photo images taken of my child for the purposes set forth above.

Signature of Parent or Guardian: _____ Date: _____

Print Name: _____

Address: _____

Telephone: _____

Email: _____

Project Read is a nonprofit adult literacy program serving Utah County. Project Read changes lives through literacy by providing one-on-one tutoring for illiterate adults in Utah County thereby empowering individuals, strengthening families, and building community.



Provo Library ~ 550 N. University Avenue # 215, Provo, Utah 84601

PHONE 801.448.READ(7323) ~ FAX 801.852.7663

Email: info@project-read.com ~ www.projectreadutah.org

