

VOLUNTEER INFORMATION SHEET

Tri-County Life Learners
P.O. Box 684
118 N. Main Street
Farmville, VA 23901
Telephone (434) 392-9019

Date _____

Name _____ Age _____

Address _____

City/Town _____ Zip Code _____

County of Residence _____

Home Phone (____) _____ Work Phone (____) _____

Occupation (or former occupation) _____

Place of Employment _____

Address _____

Hours Worked: _____ May We Contact You At Work? _____

Best Time to Call You _____

Education: Indicate Last Grade Completed: 7 8 9 10 11 12 GED
 Bachelor's Master's PhD

Area of Study: _____

Previous Volunteer Experience: _____

How Did You Learn About Tri-County Life Learners? _____

Why Do You Want To Be A Volunteer With Tri-County Life Learners? _____

How Would You Like To Volunteer? Tutor _____ Tutor Trainer _____

Office Volunteer _____ Board Member _____ Other _____

How Many Hours Can You Volunteer? _____ Hours Per Week _____ Month _____

Dates/Times Available _____

For Those Interested in Tutoring, Please List Age Preference of Learner, if Any: _____

FOR OFFICE USE ONLY

Volunteer Assigned As: _____

Date Tutor-Training Completed: _____

Name of First Student Assigned: _____

Date/Location of First Session: _____