



Literacy Volunteers – Androscoggin

TUTOR TRAINING WORKSHOP APPLICATION FOR TRAINEES

Mr.
Mrs.
Miss
Ms.

_____	_____	_____	_____
LAST NAME	FIRST NAME	MIDDLE INITIAL	
_____	_____	_____	_____
STREET	CITY	STATE	ZIP CODE
_____	_____	_____	_____
HOME PHONE	WORK PHONE	CELL	

E-MAIL			

Date of Birth _____

Occupation: _____ Employer: _____

List any volunteer work or teaching experience. _____

How did you learn about Literacy Volunteers? _____

In what organizations are you an active member? _____

Please list two references:

Name _____
Address _____

Phone _____
Relationship _____

Name _____
Address _____

Phone _____
Relationship _____

NAME

DATE

Please return to:
LITERACY VOLUNTEERS-ANDROSCOGGIN
51 WESTMINSTER ST, RM. 116
LEWISTON, ME 04240
info@literacyvolunteersandro.org