



# 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 \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE

Please return to:

LITERACY VOLUNTEERS-ANDROSCOGGIN

15 SACRED HEART PLACE

AUBURN, ME 04210

[info@literacyvolunteersandro.org](mailto:info@literacyvolunteersandro.org)