



# 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  
51 WESTMINSTER ST, RM. 116  
LEWISTON, ME 04240  
info@literacyvolunteersandro.org