



# Literacy Volunteers – Androscoggin

## TUTOR TRAINING WORKSHOP APPLICATION FOR TRAINEES

RESET FORM

Mr.  
Mrs.  
Miss  
Ms.

\_\_\_\_\_

LAST NAME

FIRST NAME

MIDDLE INITIAL

\_\_\_\_\_

STREET

CITY

STATE

ZIP CODE

\_\_\_\_\_

HOME PHONE

WORK PHONE

CELL

Date of Birth \_\_\_\_\_ e-mail \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

List any volunteer work or teaching experience. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you learn about Literacy Volunteers? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In what organizations are you an active member? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Print & return to:  
LITERACY VOLUNTEERS-ANDROSCOGGIN  
AUBURN HALL, 60 COURT ST.  
AUBURN, ME 04210

or  
Send the information requested to:  
info@literacyvolunteersandro.org

\_\_\_\_\_

NAME

\_\_\_\_\_

DATE