

Helping Link/Một Dấu Nổi Volunteer Assessment Form

Date: _____

Name: _____

Date of Birth (mm/dd/yyyy): _____

Address: _____

City: _____

State: _____

Zip Code: _____

Gender: _____

Ethnicity: _____

Phone: _____

Email: _____

Best time to be reached: _____

LinkedIn URL (if applicable): _____

Which volunteer position(s) interest you? _____

When are you available to volunteer?

Availability	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Hours:							

How did you hear about our program?

- Word-of-mouth Library Another Literacy Program Newspaper
- Washington Literacy Hotline Another Community Program Bulletin Other: _____

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Education Background: *Please select all that apply*

- | | | | |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> Some High School | <input type="checkbox"/> GED | <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Some College |
| <input type="checkbox"/> College Degree | <input type="checkbox"/> Graduate Degree | <input type="checkbox"/> Trade-Technical School | <input type="checkbox"/> Other: _____ |

Employment Status:

- | | | |
|------------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Retired | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Part-time | <input type="checkbox"/> Student | <input type="checkbox"/> Other: _____ |

Current Employer: _____

Position: _____

I am proficient with the following languages:

- | | | |
|----|----|----|
| 1. | 2. | 3. |
|----|----|----|

Please provide us with the name and phone numbers of two references (no family members):

Name: _____	Phone: _____
Name: _____	Phone: _____

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As a person who is volunteering your time, we want your experience to be a positive one. In order to best match you with our program's needs, please answer the following questions. A lack of volunteer experience or special skills does not affect your eligibility to be a volunteer.

Why do you want to volunteer with our program?

What special skills, interests, and resources do you have that might be relevant to teaching or other volunteer positions (i.e. teaching, writing, fundraising, technology, public relations, etc.)?

Please describe any previous experience you have volunteering.

What have you enjoyed most in previous volunteer assignments?

What have you enjoyed least?

How do you like to be supported, supervised, and rewarded as a volunteer?

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The following questions are for instructional volunteers

Note: This is not a test, but please do try to give us thoughts, expectations and opinions on the following questions.

What factors do you believe to be most important in a positive learning environment?

How will you know you are effective as a volunteer instructor?

In what way do you expect your instruction to make a difference to your student?

For Office Use:

Application Received:

Interview Date:

Orientation Dates:

Training Dates:

Initial Match Date: