



Council Coordinator – Melanie Patenaude

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Coaldale AB T1M 1N1

Volunteer Tutor Application Form Date: _____

Name: _____

Address: _____

_____ Postal Code: _____

Phone: _____ Cell: _____

email: _____

Please circle the preferred response:

Best time to volunteer: AM PM Evening

Gender: Male Female

Occupation: _____

Education: Completed grade 12 College/University
 Teacher Training Post graduate degrees

If your degree is education what is your area of specialization? _____

Do you speak/read/write any other languages? _____

How did you learn about the Literacy Program? _____

In which areas are you interested in volunteering?

English Language Tutor Computer Tutor Board of Director
Books for Babies Other: _____

The personal information that is being collected will be used exclusively by the Literacy Program. Personal information will not be released without your express consent. If you have any questions, contact the Coordinator.

For office use only: Record check requested _____ Received: _____