County of Lethbridge Community Learning Council

Council Coordinator – **Melanie Patenaude**
Phone: 403-345-6009
Email: literacy@communityclasses.ca
Address: Box 1207, 2014 - 18 Street, Coaldale, AB T1M 1N1 1N1

Volunteer 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 Directors Books for Babies

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.

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For office use only: Record check requested_____ Received:_____

Confidentiality form requested:_____ Received:_____