

**Literacy Partners of Manitoba
Adult Volunteer Form**

CONFIDENTIAL

Name: _____

Address: _____

Postal Code: _____ **Home Telephone:** _____

Area (example St. Vital) _____

E-mail: _____ **Work/Cell Phone:** _____

Best Time to Call: _____

Volunteer's preference:

Classroom assistant _____ One-to-one tutor _____

Events Planner/Helper _____ Data Base Assistant _____

Why do you want to volunteer with Literacy Partners of Manitoba?

What experience and talents can you bring to one of these positions?

Availability (for tutors only):

Note: Literacy programs are closed on Saturday, Sunday, and often on Friday.

Sessions are 2-3 hours long.

Number of times per week: _____

Circle preferred times:

Mornings: **M T W T F**

Afternoons: **M T W T F**

Evenings: **M T W T F**

References: Literacy Partners of Manitoba (LPM) requires three references.

1. Name/Relationship: _____

Home phone: _____ Work/Cell phone: _____

2. Name/Relationship: _____

Home phone: _____ Work/Cell phone: _____

3. Name/Relationship: _____

Home phone: _____ Work/Cell phone: _____

I _____, declare that the information

provided is true to the best of my knowledge. I also understand that a criminal

record and child abuse registry check as well as reference checks may be

required as a condition of volunteering with Literacy Partners of Manitoba.

Signature: _____ Date: _____