



LITERACY VOLUNTEERS ASSOCIATION
CAPE-ATLANTIC, INC. (609) 383-3377

Volunteer Registration: Online at <http://lvacapeatlantic.com/> , email to lvacapeatlantic@comcast.net or mail to: Literacy Volunteer 743 N. Main Street, Pleasantville NJ 08232.

A \$30 registration fee is due by the first workshop.

Today's Date _____

First Name: _____ MI _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone (_____) _____ May we text? Yes No

Work Phone: (_____) _____ E-mail: _____

Birth Date: _____ Place of Birth: _____ Gender: M F

Native Language: _____ Other Languages: _____

<p>Are you Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Ethnicity (Check one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander</p>	<p>Employment Status <input type="checkbox"/> Employed, full time <input type="checkbox"/> Employed, part-time <input type="checkbox"/> Unemployed, looking for work <input type="checkbox"/> Unemployed - not looking for work <input type="checkbox"/> Unavailable for work <input type="checkbox"/> Retired</p> <p>Current/Previous Occupation: _____ Current or Former Employer: _____</p>	<p>Level of Education <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Degree (master's or doctorate)</p> <p>Field of Study _____</p>
<p>Areas of Interest <input type="checkbox"/> Tutor <input type="checkbox"/> Office/Clerical <input type="checkbox"/> Special Events/Ambassador <input type="checkbox"/> Professional Development Workshop Leader <input type="checkbox"/> Tutor Trainer Workshop Leader <input type="checkbox"/> Board Committee Member <input type="checkbox"/> Fundraising <input type="checkbox"/> Programs <input type="checkbox"/> Events <input type="checkbox"/> Other _____</p>	<p>Source of Referral <input type="checkbox"/> TV/Radio <input type="checkbox"/> Family/Friend <input type="checkbox"/> Other tutor _____ <input type="checkbox"/> Employer <input type="checkbox"/> Special Event</p>	<p><input type="checkbox"/> Newspaper <input type="checkbox"/> Library <input type="checkbox"/> Poster <input type="checkbox"/> Website/Internet <input type="checkbox"/> Other Agency <input type="checkbox"/> Other _____</p>

Current or previous related experience

Why I am interested in volunteering with LVA _____
