

TACOMA AREA LITERACY COUNCIL

P.O. BOX 7210, TACOMA, WA 98417-0210

253.272.2471

**VOLUNTEER APPLICATION**

Date \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Work/msg phone ( ) \_\_\_\_\_

E-mail address \_\_\_\_\_

Birth date \_\_\_\_\_ Sex \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Education (Highest level) \_\_\_\_\_

Where received \_\_\_\_\_

Major/minor \_\_\_\_\_

Please list additional skills or experience (writing, public speaking, grant writing, event planning, computers, photography/video, building trades, fundraising, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Where did you learn about this program? \_\_\_\_\_

Volunteer experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List one personal reference and phone number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please complete this form and send with your check for \$30 to

Tacoma Area Literacy Council

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