



# Volunteer Intake Form

**For staff use only**  
 Today's date \_\_\_\_\_  
 In LACES \_\_\_\_\_

CONTACT INFORMATION		
Last name		
First name	Middle name	
Street address		
City	Zip code	
Home phone	Emergency contact's name	
Work phone	Relationship	
Cell phone	Emergency phone	
Email address		
DEMOGRAPHICS & EMPLOYMENT INFORMATION		
Date of birth	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	How did you learn about this program?
<b>Employment</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Not looking <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Other	<b>Ethnicity</b> <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other	<b>Education</b> <input type="checkbox"/> Below high school <input type="checkbox"/> High school diploma <input type="checkbox"/> Associates degree <input type="checkbox"/> Bachelors degree <input type="checkbox"/> Graduate degree <input type="checkbox"/> Other
Occupation		
Employer		
TUTOR TRAINING & MATCHING PREFERENCES		
Why are you interested in volunteering?		

**TUTOR TRAINING & MATCHING PREFERENCES**

**Which tutor training will you attend?**

**Where would you like to tutor?**

<input type="checkbox"/> Campbell Library	<input type="checkbox"/> Milpitas Library
<input type="checkbox"/> Cupertino Library	<input type="checkbox"/> Morgan Hill Library
<input type="checkbox"/> Gilroy Library	<input type="checkbox"/> Mountain View Library
<input type="checkbox"/> Gilroy Office	<input type="checkbox"/> Saratoga Library
<input type="checkbox"/> Los Altos Library	<input type="checkbox"/> Other

<p><b>Gender</b></p> <input type="checkbox"/> No preference <input type="checkbox"/> Male <input type="checkbox"/> Female	<p><b>Are you willing to help a learner improve his/her listening and/or speaking abilities?</b></p> <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Availability (write in preferred times of day to meet)**

Mon \_\_\_\_\_

Tue \_\_\_\_\_

Wed \_\_\_\_\_

Thu \_\_\_\_\_

Fri \_\_\_\_\_

Sat \_\_\_\_\_

Sun \_\_\_\_\_

**FOR STAFF USE ONLY**

**Literacy Specialist**

**Matched with**

<p><b>Program</b></p> <input type="checkbox"/> North county <input type="checkbox"/> South county	<p><b>Keyword</b></p> <input type="checkbox"/> Campbell Library <input type="checkbox"/> Cupertino Library <input type="checkbox"/> Gilroy Library <input type="checkbox"/> Gilroy Office <input type="checkbox"/> Los Altos Library	<input type="checkbox"/> Milpitas Library <input type="checkbox"/> Morgan Hill Library <input type="checkbox"/> Mountain View Library <input type="checkbox"/> Saratoga Library <input type="checkbox"/> Other
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**Additional notes**