



**OCALS LEARNING SERVICES**  
**134 S. Main Street, Albion, NY 14411**  
**(585) 590-1292**  
**ocals2006@gmail.com**

## **VOLUNTEER APPLICATION and AGREEMENT**

### **Tutor Information**

Name\* (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address\* \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone\* \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Phone \_\_\_\_\_ Email\* \_\_\_\_\_

DOB\* \_\_\_\_\_ Age \_\_\_\_\_

How Did You Learn About OCALS? (Friend, Family, Newspaper, Employer, School, Library, Business, Library, Other)

\_\_\_\_\_

### **Type of Volunteer Activity Preferred**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> One-to-One Basic Skills Tutor | <input type="checkbox"/> One-to-One ESOL Tutor | <input type="checkbox"/> Board of Directors |
| <input type="checkbox"/> Basic Skills Group Tutor      | <input type="checkbox"/> ESOL Group Tutor      | <input type="checkbox"/> Fund Development   |
| <input type="checkbox"/> Family Literacy Tutor         | <input type="checkbox"/> Special Needs Tutor   | <input type="checkbox"/> Grant Writing      |
| <input type="checkbox"/> Office / Clerical             | <input type="checkbox"/> Public Relations      | <input type="checkbox"/> Program Committee  |
| <input type="checkbox"/> Newsletter / Brochures        | <input type="checkbox"/> Special Projects      | <input type="checkbox"/> Speakers Bureau    |

Times Available? Mornings\_\_\_ Afternoons\_\_\_ Evenings\_\_\_ Weekends\_\_\_

How much time would you be willing to volunteer? \_\_\_\_\_

Day(s) Preferred? \_\_\_\_\_

Do You Have Transportation? Yes\_\_\_ No\_\_\_

### **Personal Information**

Married? Yes \_\_\_ No \_\_\_ Children /Ages? \_\_\_\_\_

Medical Problems? \_\_\_\_\_

Are there any issues you need to consider when Tutoring?

\_\_\_\_\_

## Educational History

Educational Level \_\_\_\_\_ IEP \_\_\_\_\_ GED \_\_\_\_\_

## Teaching / Tutoring History

Organization \_\_\_\_\_ Dates \_\_\_\_\_

Previous Training? \_\_\_\_\_

## Work History

Last Business / Location / Dates \_\_\_\_\_

\*Have you ever been convicted of a misdemeanor or felony? Yes\_\_ No\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

What are your Hobbies / Interests? \_\_\_\_\_

\_\_\_\_\_

**I understand that this information is confidential and OCALS will not share it outside the organization without my written permission.**

Signed \_\_\_\_\_

Date \_\_\_\_\_

### Please Return To:

Barbara Dunham  
3506 Knowlesville Rd  
Medina, NY 14103  
(585) 798-4935