



(410) 749-3612 ext. 140
www.wicomicolibrary.org

Project Read

Literacy Coach Application

Please Print Clearly!

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Driver's License/ID: _____ Date of Birth: _____

Email: _____

Cell: _____ Home: _____ Work: _____

Emergency Contact Information

Name: _____

Relationship: _____ Phone: _____

How did you hear about Wicomico Public Libraries Project Read Program?

What areas of literacy are you interested in coaching? (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Basic Literacy | <input type="checkbox"/> Financial Literacy | <input type="checkbox"/> Health Literacy |
| <input type="checkbox"/> Family Literacy | <input type="checkbox"/> Technology Literacy | <input type="checkbox"/> Other: _____ |

At what times would you be available?

Downtown Library HRS:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Mon: 10am-5pm Tues: 10am-8pm Wed: 10am-5pm Thurs: 10am-8pm Fri: 10am-5pm Sat: 10am-5pm						

Why would you like to volunteer as an adult literacy coach?

Education/Training/Skills

Highest level of education completed:

☐ High School ☐ Some College ☐ Bachelor ☐ Masters ☐ Doctoral

Area(s) studied: _____

Special Skills/Certificates: _____

Do you have past experience teaching or tutoring? If so, what?

Do you speak a language other than English?

Yes ☐ No ☐ If yes, which language(s): _____

Volunteer Experience

Organization	Position/Title	Task/Responsibilities

References

Name: _____ Phone: _____

Relationship: Employer ☐ Family ☐ Friend ☐

Name: _____ Phone: _____

Relationship: Employer ☐ Family ☐ Friend ☐

Have you ever been convicted, imprisoned, placed on probation, or fined for any violation of any law or ordinance (not including parking violations)?

Yes ☐ No ☐ If yes, please explain: _____

Please read before signing!

By signing below, I certify that all the information contained in this application is true to the best of my knowledge. I also understand that knowingly falsifying information on this application is grounds for dismissal as a Wicomico Public Libraries Volunteer.

I further agree that, should I accept a placement as a volunteer of Wicomico Public Libraries, I will **NOT** hold the agency liable in the event of personal loss or injury.

Signature

Date