



(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)

Basic Literacy Financial Literacy Health Literacy
 Family Literacy Technology Literacy 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