



Volunteer Application

Last Name	First Name		Social Secu	rity Number	Date of Birth	
Address City		ity Zi	Zip Code Telephone Number			
Education:						
Elementary Graduate	High School Graduate _	some college	college Grad	duate Ma	aster Degree	
Work Experience:						
Employer	Address	Type of Job		Number of \	ears/	
Employer	Address	Type of Job		Number of \	ears/	
Volunteer Service Record: Name of organization			Type of Service			
Person to Contact in Emergency		Person to (Contact for Referer	nce		
Name						
Telephone and Relationship						
What Month, Day and Hours you	u preferred to Serve:					
Month(s)	Days		Hours (Time)			
Type of Activity or Instruction you Homework Help Introduction to Microsoft Wo	Coaching(Lacrosse, Rugby, Vo	lleyball, Golf, Tennis, Io				
Andinado Cinado		-				
Applicant's Signature				Date		
For Office Use Only:	Clare the constant of the		Oduda d Barda da	- 1 Ob 1 N *C		
Verification of TB Test Results or			Criminal Backgrou			
	Taken:	-	_YesNo	Date Taken:		
Accepted Not Acc	epted					
Note: The Director, President of	Board of Trustees each reserve	es th right to terminate	the service of any	olunteer at an	y time.	
President's or Director	's Signature		Date			

Literacy to Succeed and Beyond Volunteer Program

Volunteer Release Form

To:	Name of Director
Re:	Volunteer Service Date(s):
Lite I as:	ase be advised that I would like to participate as a volunteer to provide support and assistance to racy to Succeed and Beyond to organization's staff and students. Sume full responsibility for my actions and authorize school personnel to act on my behalf in the nt of an emergency.
con	present that I have never been convicted of a criminal offense (excluding minor traffic violation) and sent to the Board Members conduction a criminal background check that may include the use of my erprints.
and	reby release Literacy to Succeed and Beyond, its' officers, its' Board Members, Employees, agents volunteers from any liability or claims arising out of or in any way connected with my volunteer vities.
Vol	unteer
Add	lress
Day	Telephone
Eve	ning Telephone
Cell	Telephone
	untanda Signatura
VOI	unteer's Signature
Plea	se indicate below any medical needs which the program personnel should be aware of:

Note to program personnel and volunteer: Please add any additional information (departure time, transportation method, lunch, ... etc)



Certification of Freedom From Tuberculosis

This to certify that	of
	is free of tuberculosis base on one of the following
(Address of Facility)	
Tuberculin Test given on	
at (Date)	(Name of Facility)
	Film Number
(Address of Facility)	Negative Positive
Signature of Radiologist	
Please Print:	
(Physician's Name)	
(Physician's Address)	
(Physician's Signature)	
DATE	

Return this form to Literacy to Succeed and Beyond by hand, email and/or by Post Office Mail.