



Volunteer Tutor Application Form

Deaf Literacy Nova Scotia

Thank you for your interest in volunteering with Deaf Literacy Nova Scotia (DLNS). Each minute spent as a literacy tutor has the potential to bring hours, even years, of improved quality to someone's life. Without the Volunteer Tutor, few of the goals of DLNS could be realized.

Please print clearly

Last Name: _____ First Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Numbers (home): _____ TTY: _____

(work): _____ TTY: _____

Employer: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

E-mail address: _____

May we contact you at work? Yes No

Are you:

Deaf Hard of Hearing Deaf/Blind Late-Deafened Hearing

What is your first language?

ASL/MSL English (spoken/written) Other _____

How do you communicate?

ASL/MSL oral/lipreading Other _____

Skills and Special Interests

What is your highest education level?

- below Grade 9
- Grade 10 to 11
- Grade 12
- Halifax School for the Deaf
- Amherst School for the Deaf
- Trade School (computer, business, vocational school)

University (if completed, year _____, Degree _____) or (did some university studies, year _____, Studies _____)

Other _____

Have you ever taught adults? Yes No

If yes, please explain: _____

What teachable skills do you bring to this program?

- English
- Reading
- Math
- Family Literacy
- Deaf Culture
- Life Skills
- Employability Skills
- Basic Computer skills
- Other _____

Do you have any special interests you could share with a student?

Volunteer History - Do you have volunteer experience? Yes No *If yes, please list, beginning with present or most recent experience.*

Organization Name: _____

Address: _____

Position and Responsibilities: _____

Supervisor's Name and Title: _____ Telephone Number: _____

Dates of Service: _____

Organization Name: _____

Address: _____

Position and Responsibilities: _____

Supervisor's Name and Title: _____ Telephone Number: _____

Dates of Service: _____

Organization Name: _____
Address: _____
Position and Responsibilities: _____
Supervisor's Name and Title: _____ Telephone Number: _____
Dates of Service: _____

Have you ever been asked to give up a volunteer position? Yes No

If yes, please explain: _____

In case of emergency, whom should we contact?

Name: _____ Telephone Number: _____
Relationship: _____

Personal References - Please provide three non-family references:

Name: _____
Address: _____
Telephone Number: _____ Relationship: _____

Name: _____
Address: _____
Telephone Number: _____ Relationship: _____

Name: _____
Address: _____
Telephone Number: _____ Relationship: _____

If you would like to include other information about yourself, please write on the back of this form.

I HAVE COMPLETED AND REVIEWED THIS FORM AND THE INFORMATION PROVIDED IS TRUE.

Applicant Signature _____ Date _____