

USC Literacy Project

Faculty, Staff, Alumni, Graduate Students
Retirees

Volunteer Application Form



Date: _____

Last Name:		First Name:	
Cell Phone () Local Phone ()		Emergency Contact:	
Address:		E-mail:	
City:		Zip:	
Circle Status: Faculty Staff Grad Student Alumni Retiree			
Dept: _____ Degree/Year: _____			
Have you worked with USC Literacy Project before? ____ Yes ____ No		Have you ever been a USC Reader? ____ Yes ____ No	
If yes, when? _____		Do you speak Spanish? ____ Yes ____ No ____ A Little	
Do you have a car? ____ Yes ____ No		Special Skills or Languages you might be able to use with students: _____	
If yes, would you be able to give another a ride if they are volunteering at the same site? ____ Yes ____ No		Grade Level Preferred: ____ Elementary ____ Junior High ____ High School	
Volunteer Hours Requested: 1 hour/week: ____ 2 hours/week: ____			

*****Please return both sides completed to USC Readers^{Plus} Office located upstairs in JEP House.**

Name _____

PLEASE DARKEN ALL PREFERRED DAYS & TIMES TO TUTOR:

Please keep in mind the hours of school are generally from 8am-2:30pm,
and after school programs from 2:30-4:30pm

	8-8:30	8:30-9	9-9:30	9:30-10	10-10:30	10:30-11	11-11:30	11:30-12	12-12:30	12:30-1	1-1:30	1:30-2	2-2:30	2:30-3	3-3:30	3:30-4	4-4:30
MON																	
TUE																	
WED																	
THU																	
FRI																	

Note: Shaded areas are after school program times

Desired Location for working with students:

1. ____ 32nd Street Street School
2. ____ Foshay Learning Center
3. ____ Norwood Street School
4. ____ Lenicia B. Weemes Elementary
5. ____ Vermont Avenue School
6. ____ Alexander Science Center
7. ____ John Mack Elementary

For returning volunteers:

The School I would like to work with is _____

The Teacher/Student I'd like to work with is _____

Prior to working with students, a 2 hour training is required. Please specify all of your available dates and times that you could attend the two (2) hour training