



Literacy Council of Fort Bend County

AN AFFILIATE OF PRO LITERACY AMERICA

Registration Form—Office Volunteer

CONFIDENTIAL

PLEASE PRINT CLEARLY

OFFICE USE ONLY

Date (M/D/YR): _____

Training Attended? Y ___ / N ___
(M/YR) _____

Volunteer ID Code: _____

Name _____
FIRST MIDDLE LAST

Date of Birth (M/D/YR): _____

Address _____

Gender (Circle): Male Female Other

City/State/Zip _____

Emergency Contact:

Home Phone () _____ - _____ OK to call? Y ___ / N ___

Name _____

Cell Phone () _____ - _____ OK to call? Y ___ / N ___

Phone _____

Email address _____

Relationship _____

Languages Spoken: _____

(Optional: For Reporting Purposes Only)

PLEASE CIRCLE ONE

Ethnicity

Hispanic or Latino
Not Hispanic or Latino

Education

< 12th Grade
H.S. Diploma
Some College
Undergrad Degree
Graduate Degree
Doctorate

Source of Referral

TV
Radio
Employer
Library
LCFBC Website
Social Media

Other Organization : _____
Special Event: _____
Tutor Referral : _____
Student Referral : _____
Poster/Newsletter : _____
Other: _____

Race (circle one or more)

American Indian or
Alaska Native
Asian
Black/African American
Native Hawaiian or
Other Pacific Islander
White
Prefer not to Respond

Employment Status

Full time Retired
Part time Not Seeking Work
Unemployed Seeking Work
Disabled Other: _____

Current/Most Recent Employment

Position: _____
Employer: _____

Location: _____

CONFIDENTIALITY AGREEMENT

This agreement applies to all volunteers associated with and/or involved in the activities or affairs of The Literacy Volunteers of Fort Bend County, Inc. d/b/a The Literacy Council of Fort Bend County (LCFBC). This includes all activity associated with LCFBC at its main office and all outreach site locations.

All data, materials, knowledge and information generated through, originating from, or having to do with LCFBC or persons associated with our activities, is to be considered privileged and confidential and is not to be disclosed to any third party.

Client information, including all file information, is not be disclosed to any third party, under any circumstances, without the consent of the LCFBC Executive Director.

My signature signifies I agree to these terms and will abide by, adhere to and honor all of the above.

Signature of Volunteer

Date