

Adult Education Program Volunteer Application

Applicant Information:

Full Legal Name: _____ Date: _____

DOB: _____ Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Name: _____ Phone: _____

Best way to contact you: Text Phone Email

Education Level

High School Diploma GED Certificates of degrees

Please list any certificates or degrees you have: _____

References:

Please list three references.

Full name: _____ Relationship: _____

Phone: _____ Email: _____

Full name: _____ Relationship: _____

Phone: _____ Email: _____

Full name: _____ Relationship: _____

Phone: _____ Email: _____

Personal Statement:

Please tell us about yourself, including your reasons for volunteering, and relevant work experiences (ESL/ELL/GED/teaching), special skills, interests, and volunteer experience.

Agreements and Signature:

Personally identifiable information from students' education records shall be disclosed only in accordance with the Family Educational Rights and Privacy Act (FERPA). The Literacy Council of Alaska and its officers, employees, volunteers, and agents may use information from education records only for the purposes for which the disclosure was made. The Literacy Council of Alaska shall not disclose information from education

records to any other party without first having received written consent from the student and having obtained assurances that the other party will fully comply with FERPA provisions and that no further disclosure by such party shall be permitted.

I understand that all information I provide to the Literacy Council of Alaska (LCA) is for use in providing services to students and maintaining necessary records and reports.

I agree that I will, as a Volunteer Instructor Assistant for LCA, maintain the confidentiality policy. Any information that students provide to LCA or to me during my experience is to be kept strictly confidential. I will comply with the FERPA requirements as stated above.

I also understand that I am not allowed to use or carry weapons, drugs, or alcohol during volunteer service.

I further authorize LCA and its employees and agents to take me to the hospital, doctor, or dentist if I have an injury or accident. I agree to pay all medical costs that result. I further release LCA and its employees and agents from all claims for bodily injury and property loss.

(Optional) I give LCA permission to use my work and photos in LCA Publications, both in print and online.

Signature: _____ Date: _____

For LCA Staff: Entered in LCA Database References Contacted Background Check Sex Offender Check Mandatory Reporting

Initials: _____