

Brownsville Literacy Center In-take Form

Date: _____

Name: _____

DOB: _____

Address: _____

(Street)

(City)

(State)

(Zip)

Home Phone: _____ Work Phone: _____ Mobile: _____

Other: _____ e-mail: _____

Number of years you have lived in the following:

____ USA ____ Mexico ____ Other (Where? _____)

Education (Please circle the highest number of years of education you have attained.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 +

High School (Name): _____ Year Graduated: _____

College (Name/City/State): _____

Years attended: _____ Certificate/Degree: _____

Major: _____ Year Graduated: _____

Employment (Please list most recent first.)

1. Place: _____

Title/Duties: _____

From: _____ to _____

2. Place: _____

Title/Duties: _____

From: _____ to _____

Background:

Have you ever been convicted of a crime/felony including but not limited to theft, deception, dishonesty, violence, false statements, sale, use or possession of illegal drugs, or criminal sexual abuse?

____ No ____ Yes, Please explain: _____

Skills

Which of the following can you use?

Typewriter _____ **Copy Machine** _____ **Fax Machine** _____
Computer _____ (Which programs do you know? _____)

Volunteer Interests

In what area would you like to volunteer? **Teaching** _____ **Non-teaching** _____

Why would you like to volunteer?

How did you find out about our literacy center?

Newspaper _____ **TV** _____ **Radio** _____
Walked by _____ **Friend** _____ (Who? _____)

What interests or hobbies do you have?

When can you volunteer?

Days: ___ **Monday** ___ **Tuesday** ___ **Wednesday** ___ **Thursday** (Classes are M/W or T/TH)

Time: ___ **8:30-12:30** pm (Family Lit.) ___ **8:30-11:30** am (Morning ESL Classes)
 ___ **5:30-8:30** pm (Evening ESL Classes) ___ **Other** _____ (Office)

Commitment: ___ **1** month ___ **2** months ___ **3** months

Other (please specify) _____

Thank you for your interest!