

Adult Reading and Writing Volunteer Information Form

Training: April 19th, 20th, 21st

Cost is \$35.00

Date: _____

NAME _____

Address: _____

City _____ State _____ Zip _____

E-mail: _____ Alternate E-mail _____

Telephone: (Home) _____ (work) _____

Cell phone: _____ Do you text? Yes No (Circle one)

Date of Birth _____ Gender: Male Female (Circle One)

Emergency Contact Person _____ Phone _____

How did you hear about this workshop? _____

Do you attend a church? _____ If so, what church? _____

Do you attend a small group or bible study? _____

Do you hold a position at your church? _____ If so, what is your position? _____

Would you like more information in helping with the adult reading and writing program at the Family Resource Clinic? _____
