



## PEOPLE EDUCATING PEOPLE (PEP) VOLUNTEER APPLICATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_ FIRST/NICKNAME FOR NAME BADGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_-\_\_\_\_\_

HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_ Best time to call: \_\_\_\_\_ WORK PHONE: (\_\_\_\_\_) \_\_\_\_\_ Best time to call: \_\_\_\_\_

CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_ Best time to call: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

RACE:  Asian  American Indian/Alaskan Native  Black or African American  Hispanic or Latino  Native Hawaiian or Other Pacific Islander  
 Two or more races  White

SEX:  M  F BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

IN CASE OF EMERGENCY, NOTIFY \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

### OTHER INFORMATION

1. How did you hear about People Educating People? (Name the newspaper, library, etc.) \_\_\_\_\_

2. Why do you want to volunteer with PEP? \_\_\_\_\_

3. Your education:  High school diploma  GED certificate  Associate's degree  Bachelor's degree  If other, specify: \_\_\_\_\_

Areas of concentration: \_\_\_\_\_

4. Your work experience. Current employer, job title/occupation: \_\_\_\_\_

Previous: \_\_\_\_\_

*Many companies have matching gift policies. Does your company match employee contributions?*  Yes  No *Does your company promote employee volunteer service?*  Yes  No

5. Your volunteer experience. Current organization and your duties: \_\_\_\_\_

Previous: \_\_\_\_\_

6. Your tutoring, teaching and/or training experience (school, church, industry, etc.): \_\_\_\_\_

7. Is English your first language?  Yes  No If not, what is your first language? \_\_\_\_\_

8. What other languages have you studied? (Circle those in which you are fluent.) \_\_\_\_\_

9. With what cultures are you familiar? (Elaborate. Include travel, friends or co-workers from other countries, etc.) \_\_\_\_\_

10. What else would you like us to know about you? \_\_\_\_\_

OVER

REFERENCES: List two individuals, not related to you.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Day phone number: (\_\_\_\_\_) \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Day phone number: (\_\_\_\_\_) \_\_\_\_\_

CLASSROOM TUTOR OPPORTUNITIES

1. In which subject(s) would you prefer to tutor adults?  English as a Second Language  Reading  Math
2. A 15 hour training series for volunteer classroom tutors is required. Can you attend?  Yes  No

NON-TUTORING OPPORTUNITIES

1. I could help in these ways:  Registration and testing aide  Directing new students to classes  Assisting a class in the computer lab
2. I have other skills that I could share:  Translating. What language? \_\_\_\_\_  Interpreting. What language? \_\_\_\_\_
- Clerical support (filing, mailings, computer)  Organizing a volunteer event  Writing a feature story  Creating a display  Videotaping

AVAILABILITY

1. What days and times would you be available to volunteer?
- Mornings:  Mon.  Tues.  Wed.  Thurs.  Sat. Afternoon:  Sun. Evenings:  Mon.  Tues.  Wed.  Thurs.
2. In which communities would you prefer to work? All towns listed have ESL classes. **Only those in bold print have reading and/or math classes.** Indicate your first, second and third choices.
3.  Addison  Aurora  Bensenville  **Bloomington**  Carol Stream  Downers Grove  Elmhurst  **Glen Ellyn**  Glendale Heights  Hinsdale
- Naperville  Oakbrook Terrace  Villa Park  West Chicago  **Westmont**  **Wheaton**  Wood Dale  Woodridge
4. Are there any family, work or personal priorities that may interfere with your ability to volunteer? \_\_\_\_\_

If accepted as a volunteer classroom tutor for the People Educating People (PEP) volunteer program of College of DuPage, I agree to complete the 15-hour training program, to volunteer for at least one semester and to take additional training as required to increase my tutoring skills. I expect no special benefits or monetary compensation for the services I donate to PEP, to its adult learners or to its activities.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

<p>FOR OFFICE USE ONLY</p> <p>Initial Training—Date completed: _____ Total hours: _____</p> <p>Subject: <input type="checkbox"/> ESL <input type="checkbox"/> Reading <input type="checkbox"/> Math</p> <p>Hrs. of training waived: _____. Date of orientation: _____</p> <p>Documentation: _____</p>	<p>Cross-training—Date completed: _____ Total hours: _____</p> <p>Subject: <input type="checkbox"/> ESL <input type="checkbox"/> Reading <input type="checkbox"/> Math</p> <p>References checked on _____</p> <p>Interviewed on _____</p> <p>Separated from program on _____. Reason: _____</p>
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