



Carteret
LITERACY COUNCIL

General Volunteer Application

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

AREAS OF INTEREST *(tutor volunteers fill out separate application)*

Outreach

Fund-raising

Office help

Other

Describe any volunteer experience you have:

What foreign languages, if any, do you speak? _____

Availability: Morning Afternoon Evening

Days of Week: _____

How did you learn about CLC?

Signature

Date