

## Muskingum County Literacy Council Volunteer Application

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Volunteer Experience or Paid Employment:

\_\_\_\_\_  
\_\_\_\_\_

### Check Area of Interest (s):

- Adult Tutoring
- School Age Tutoring
- Bard Volunteer
- Council Member

### Times Available

Monday	Tuesday	Wednesday	Thursday	Friday

### Emergency Notification

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Physician \_\_\_\_\_ Phone # \_\_\_\_\_  
 Major Illnesses \_\_\_\_\_

### References (Please include 2 non-related references)

Name : _____	Name: _____
Address: _____	Address: _____
City, State, Zip _____	City, State, Zip _____
Phone : _____	Phone: _____

*I certify that the information is correct:*

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 BCI Check Completed \_\_\_\_\_