

Project Literacy Volunteer Form

Please complete this form using additional pages if needed. Email it to projectliteracydanville@gmail.com or upload it to our website at danvilleliteracy.org/contact.

Name:	Date of Birth (month/day):
Home Address:	
Phone:	Email:
Any Personal Information	You Would Like to Share (family, hobbies, special talents,
dietary restrictions, medic	al alerts, etc.):
Please share any of your e	xperiences that you believe will benefit our program and clients:
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Have you worked with adu	
Do you feel comfortable to	d with individuals with learning differences?
•	ith other areas of our program such as fundraising, publicity,
office work, etc.?	thi other areas of our program such as fundraising, publicity,
·	ormation you about yourself, experiences, qualifications, etc.
that you would like us to k	· · · · · · · · · · · · · · · · · · ·
Thank you very much for	your interest in helping others through Project Literacy!
Signature	Date

Please use this page if you need additional room to fill out any of the fields.		