



ALIVE
Adult Literacy Initiative Volunteers Expanded
Kankakee Community College
100 College Drive • Kankakee, Illinois 60901
(815) 802-8307 • e-mail dburklow@kcc.edu

Volunteer Application Form

Date: _____

Name: _____

Address: _____
Street/P.O. Box City State ZIP code

Phone: _____ Social Security number: _____
Home/Work

Referred by or heard about the program through: _____

Reference name: _____ Phone number: _____

Birth date: ____ / ____ / ____
mo. day yr.

Sex: Male Female

Education: High school 1 2 3 4
College 1 2 3 4
Other 1 2 3 4

Tutor training availability (Please check):
Afternoons
Evenings

Place of employment: _____

Occupation: _____

Subject areas of expertise/interest: _____

Volunteer experience: _____

Hobbies/talents: _____

Specific skills: (please explain) _____
