



LITERACY COUNCIL  
OF SOUTHWESTERN  
PENNSYLVANIA

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**VOLUNTEER APPLICATION**

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NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

PREFERRED PHONE (Circle One)          Home          Cell          Work

EMAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

HOW DID YOU HEAR ABOUT THE LITERACY COUNCIL?

- |   |  |
|---|--|
| <input type="checkbox"/> Friend                           | <input type="checkbox"/> Information Table     |
| <input type="checkbox"/> Colleague                        | <input type="checkbox"/> Attended LCSWPA Event |
| <input type="checkbox"/> Website and/or Social Media Page | <input type="checkbox"/> Contacted by LCSWPA   |

TELL US WHICH VOLUNTEER ROLES INTEREST YOU:

- |   |   |
|---|---|
| <input type="checkbox"/> Tutor  | <input type="checkbox"/> Non-Event Fundraising      |
| <input type="checkbox"/> Special Events   | <input type="checkbox"/> Marketing & Communications |
| <input type="checkbox"/> Fundraising Events   | <input type="checkbox"/> Web & Social Media         |
| <input type="checkbox"/> I specifically want to help with the annual Spelling Bee Fundraiser! | <input type="checkbox"/> Administrative             |

ARE YOU A VOLUNTEER GROUP LEADER?

Some of our volunteers are teachers, church leaders, or members of a business team, and want to get their members involved in volunteerism. If this is you, please list and/or describe any affiliated group you like to get involved with the Literacy Council:

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**SPECIAL SKILLS:** Please tell us about any special skills or experiences you have that speak to your interest in the specified volunteer roles.

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**VOLUNTEER REFERRALS**

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We can always use additional volunteers at the Literacy Council of Southwestern PA! Do you know someone else who might be interested in our mission? Refer additional volunteers here! (Please only list references if you would feel comfortable with us reaching out to them.)

**Referral #1**

**NAME:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**REASON FOR REFERRAL:** Please tell us briefly why you feel this volunteer is a fit and/or their potential area of interest.

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**Referral #2**

**NAME:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**REASON FOR REFERRAL:** Please tell us briefly why you feel this volunteer is a fit and/or their potential area of interest.

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**Thank you for your interest in volunteer with the Literacy Council of SW PA! We will follow up soon!**