



Literacy for Adults in Brevard
321-301-4496
Mailing Address: P. O. Box 561201
Rockledge, Florida 32956-1201

*Thank you for your interest in becoming a Literacy for Adults in Brevard volunteer.
Please complete this application. Fields with an asterisk (*) are required.
Please Print.*

***Name: First: Last:**

***Address: Street:**

City: State: Zip:

***Date of Birth: MM/DD/YY**

***Gender: Please circle one: Female Male**

BE:ST PHONE NUMBER TO REACH YOU:

EMAIL ADDRESS:

EMERGENCY CONTACT NAME:

CONTACT'S PHONE NUMBER:

HOW DID YOU HEAR ABOUT LITERACY FOR ADULTS IN BREVARD?

PLEASE TELL US ABOUT PREVIOUS VOLUNTEER EXPERIENCE YOU MAY HAVE HAD.

EXPLAIN BRIEFLY WHY YOU WOULD LIKE TO BECOME A LAB VOLUNTEER?

PLEASE TELL US ABOUT ANY OPPORTUNITIES YOU MAY HAVE HAD TO INTERACT WITH THE INTERNATIONAL RESIDENTS OF BREVARD COUNTY.

*** VOLUNTEER SIGNATURE:**

***DATE**

OFFICE USE ONLY

****DATE:***

****LAB REPRESENTATIVE:***