

# STUDENT FORM

## Literacy Volunteers of Southern Connecticut

Student Information

Office:  
\_\_\_\_ LACES

**Interview Date** \_\_\_\_\_

**Program Type:**

( ) BL; ( ) ESL; ( ) Conv.; ( ) One on One  
( ) Beginner Class; ( ) Inter Class; ( ) Advanced Class

**Sex:** ( ) M ( ) F

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip \_\_\_\_\_

Email: \_\_\_\_\_

Ethnicity: B, W, H, A, I, ME, O

Country: \_\_\_\_\_

Language: \_\_\_\_\_

Telephone (H) \_\_\_\_\_

(C) \_\_\_\_\_

\*Female head of household? Yes. No.

\*Household with disabled person? Yes. No.

Translator name \_\_\_\_\_

Phone \_\_\_\_\_

**Birthday-** \_\_\_\_\_

**Level of Education:**

( ) Less than 12th ( ) HS/GED ( ) Any College  
( ) Undergrad Degree ( ) Grad. Degree ( ) Other

**ESL Level:** \_\_\_\_\_

**Employment:**

( ) Employed ( ) Unemployed ( ) Student  
( ) Retired ( ) Not Avail.

**Employer** \_\_\_\_\_

**Kind of work** \_\_\_\_\_

**Do or Have Done?** \_\_\_\_\_

Interview at \_\_\_\_\_ Fannie Beach, \_\_\_\_\_ Milford library,  
\_\_\_\_\_ Stratford library. Initial \_\_\_\_\_

**Source:** How you heard about LVSCT?

( ) TV/Radio; ( ) Friend/Family; ( ) Employer;  
( ) Library; ( ) Special Event; ( ) Poster  
( ) Newspaper; ( ) Web Site;  
( ) Volunteer ; ( ) Other Agency/other Lit. ( ) Other;

**Goals?**

Library Card	Communicate Better
Drivers License	Get a job or improve career
Citizenship	Pronunciation
Reading	Writing
Speech	Phonics
Other	GED
Fluency	Grammar

**Interests:** \_\_\_\_\_

How long have you been in US? \_\_\_\_\_

Are you returning to other country? \_\_\_\_\_

Do you have ESL experience? \_\_\_\_\_

**Tutoring sites**

LVSCT office (Milford)	Milford Public Library
Margaret Egan Center	Case Mem. Library (Org)
W H Public Library	Stratford Library
Sterling House (STFD)	First United Church
St. Gabriel School	Online

**Transportation? Bus? Drive?** Yes No

**Tutor Preference?** Male Female Either

**Type of tutoring:**

( ) In person ( ) Online ( ) Either / no preference

**Availability:**

Weekdays: ( ) Morning ( ) Afternoon ( ) Evening

Weekends: ( ) Morning ( ) Afternoon ( ) Evening

Specific times? \_\_\_\_\_

Other information \_\_\_\_\_

\* \_\_\_\_\_ I read and understand the Anti-Discrimination,  
Harassment Policy and Photo Release form.

\* \_\_\_\_\_ Student commitment letter

# **Literacy Volunteers of Southern Connecticut**

## **Anti-Discrimination Policy**

This is to certify that Literacy Volunteers of Southern Ct (LVSCT) complies with all applicable local, state and federal anti-discrimination laws.

Sign \_\_\_\_\_ Date \_\_\_\_\_

## **Harassment Response Policy**

Literacy Volunteers of Southern Connecticut (LVSCT) prohibits sexual harassment and harassment of any of students, clients, volunteers, employees and any other individual(s) who participate in any LVSCT activities or transact business with LVSCT. Prohibited conduct includes but is not limited to conduct on Literacy Center property, communication systems, during LVSCT sponsored events, and in connection with any other LVSCT business. Any such harassment is not condoned by LVSCT and will not be tolerated in our workplace, at work-related events, or while using electronic communications systems

In the event of any reported harassment, LVSCT will place the individual(s) on immediate suspension pending an investigation. If it is necessary to report the incident to local authorities and/or if any imminent danger or violence is readily apparent, the local Police will also be informed. Failure to report any type of harassment is grounds for corrective action, which may include termination of employment or services as a volunteer.

Sign \_\_\_\_\_ Date \_\_\_\_\_

## **Photo Release Form**

I, \_\_\_\_\_, a volunteer/student of Literacy Volunteers of Southern CT, give my permission to take photographs of me and use them for any purpose promoting Literacy Volunteers.

I understand that I will not be paid for these photographs and have no rights to them. I am participating as a volunteer. I hereby waive any right to inspect or approve the finished photograph or advertising copy or printed matter that may be used in conjunction therewith or to the eventual use that it might be applied. I release LVSCT, its officers, employees and agents, from any and all claims of harm and liability as a result of any distortion, blurring, or alteration, optical illusion, or use in composite form, either intentionally or otherwise which may occur from making, showing, using or distributing these photographs/video.

I HAVE READ THIS RELEASE AND CONSENT FORM BEFORE AFFIXING MY SIGNATURE BELOW, AND I UNDERSTAND AND AGREE TO ITS TERMS.

Sign \_\_\_\_\_ Date \_\_\_\_\_



# LITERACY VOLUNTEERS

OF SOUTHERN CONNECTICUT

## STUDENT COMMITMENT

- I understand that I am enrolling in a volunteer program that will do its best to help me reach my goals.
- I am ready to give my time and energy to learn.
- I will meet with my tutor every week for 1.5 to 2 hours (90 to 120 minutes), and I will study at home.
- If I cannot go to a tutoring session, I will tell my tutor at least 1 hour before the session.
- I understand that the LVSCT program does not follow the Milford Public School calendar for holidays and breaks, and that tutoring is year-round at times and locations that work for both me and my tutor.
- I agree to work with my tutor for at least 1 year. If I need to stop before 1 year, I will talk to my tutor and tell them as early as possible.
- I understand that my tutor is giving their time to help me.
- I understand that if I do not meet with my tutor regularly, my tutor will be assigned to another student, and I will go back on the waiting list.
- I agree to complete periodic assessments with my tutor to check my progress.
- By signing below, I show that I understand and agree to the rules of this program.

Student's printed name: \_\_\_\_\_

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*LVSCT will give you a copy of the signed form for you to keep.*

**LVSCT Office**  
Fannie Beach Community Center  
16 Dixon Street  
Milford, CT 06460

Monday - Thursday, 9:00 am – 2:00 pm  
203-878-4800  
[www.LVSCT.org](http://www.LVSCT.org)