



Volunteer Application

Name: _____ Date: _____

Mailing Address: _____

Permanent Address: _____

Phone: _____ Email: _____

Occupation: _____

If Student, School: _____ Department: _____

Age: 18-21 _____ 22-25 _____ 26-35 _____ Over 35 _____

Have you ever been convicted of a felony? Yes _____ No _____

Which volunteer position are you interested in? Tutor _____ Administrative Volunteer _____

How often are you available to volunteer per week? _____

Please indicate DAY(S) and TIME:

All tutorial sessions are one hour in duration and scheduled between 3:00- 6:00 p.m.

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Please share why you would like to volunteer with Athens Tutorial Program:

Experience with children:

Special interests or skills that could be shared with the students:

Do you have any preference as to the type of child (age/gender/grade) or subject with which you wish to work?

How did you hear about Athens Tutorial Program?

THANK YOU FOR VOLUNTEERING!!!

Please print and mail your application or bring it with you to your appointment.

**Athens Tutorial Program
PO Box 49
Athens, GA 30603
706-354-1653**

athens.tutorial@gmail.com
