

Volunteer Application

Date: _____

Part I. Contact

| | | |
|--------------------------------------|-------|----------------|
| Name: _____ | | |
| Last | First | Middle Initial |
| Address: _____ | | |
| Street | | |
| City | State | ZIP Code |
| Primary contact number _____ | | |
| Email Address: _____ | | |
| Emergency Contact Information: _____ | | |

Part II. Volunteer Profile

Date of Birth: ___/___/___ Male Female

Race/Ethnicity: _____

How did you hear about LIFT? _____

What is your area of interest? (**Please circle all that apply**) Teacher Assistant
Study Hall/Computer Lab Office/Administrative Fundraising/Speaking/Community Development
Special Events/Workshops/Coaching Other _____

If your interest is teaching, which program(s)? (**Please circle all that apply**)

ABLE (Adult Basic Literacy Education) Preferred ELA Location _____
ELA (English Language Acquisition) HSE Subject Preference(s): _____
HSE (High School Equivalency)

Did you watch the "Welcome to LIFT" video found on our website or YouTube? Yes No

Why do you want to become a LIFT volunteer? _____

Note: Once you complete this form, please return it to the Volunteer Coordinator, Doris Black Hubbard, at DorisBlackHubbard@lift-texas.org. Please contact LIFT if you have not received a response within one week. Thank you

