

Love Helps LEADING by READING Volunteer Questionnaire

Name: Mr. / Ms. / Mrs./ Dr. _____ Home Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email Address: _____

Employer: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ FAX: _____

Current Occupation: _____ Title: _____

Previous Employer: _____ Title: _____

Age: under 18 18-25 yrs 26-45 yrs 46-65 yrs over 65 yrs

Univ./College Attended: _____ Degree(s): _____

Can you provide your own transportation? yes no

Do you have any previous experience working with children? (not required) yes no

If yes, describe: _____

Are you a member of any civic/religious/professional organizations? yes no

If yes, list: _____

Would any groups above consider supporting Love Helps? yes no don't know

Do you use/consume alcohol, tobacco or illegal drugs? yes no

If yes, explain: _____

Have you ever been accused of a crime or the subject of an injunction? yes no

If yes, explain: _____

(circle all days you're available — we'll pick only one) (circle all months available)

I can read on **(Mon., Tues., Wed., Thurs., Fri.)** during: **Oct.–Nov. / Jan.–Feb. / Mar.–Apr.**

(circle one below)

From which direction will you be coming to your reading school: **North / South / East / West / Downtown**

GENERAL WAIVER AND RELEASE

In participating in the LEADING by READING Program, I hereby release and hold harmless Love Helps, Metro. Schools and all sponsoring organizations from all claims of damages, demands, actions and causes of actions whatsoever, in any manner arising out of my participation in this program. I also give my full permission for use of my name and photograph in connection with this program. By my signature below, I consent to the Waiver and Release above.

Signed: _____ Date: _____

Please return ASAP to: Love Helps, P.O. Box 669, Madison, TN 37116 or fax to: 615/859-5435.
If you have any questions, contact us at 615/859-5437.