

Ministry of Education

National Literacy Volunteer Programme

Application Form

The Ministry of Education invites you to become a National Literacy Volunteer. Volunteers are encouraged to join in the mission of delivering instructions in Literacy Education in our communities as we aim to reduce the level of illiteracy.

All applications will be reviewed and considered accordingly. All information will be treated with confidentiality.

Thank you for your interest.

Personal Details

Name: _____ Mr. Mrs. Ms.

D.O.B _____ Age: _____

Gender Male Female

Marital Status: Married Single Divorced Common law

Occupation Status: Public Servant Private Sector

Unemployed Self Employed

How long have you lived in the community / region ? Years and months _____

Address _____

_____ Region _____

Telephone#(Best one to contact you on) _____

Emergency contact: _____ Relationship: _____

Email: _____

Hobbies/ Interests:

Have you received certification in any of the following?

CPR First Aid Counseling or Therapy

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Do you have previous background or training in working with children who struggle with reading?

Yes No

Were you a victim of abuse, neglect, or abandonment as a minor?

Yes No

Do you have any teaching experience? Yes No

Have you ever been a volunteer? Yes No

If yes, provide details: _____

Please tick days you are available: Mon Tue Wed Thurs Fri

Indicate time which is more convenient: Morning Afternoon

Briefly say why you are interested in becoming a National Literacy Volunteer:

Do you have any medical conditions or concerns, or are you taking any medications that you believe could prevent you from being an effective volunteer that we need to know about in order to help you be effective at teaching sessions?

Yes No

Please describe:

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Education

Secondary Yes No Year of Graduation: _____

Tertiary Yes No

State name of programme : _____

Year of completion _____

List three (3) strengths you have in working with children: Please be specific

a) _____

b) _____

c) _____

List three (3) weaknesses you have in working with children: Please be specific

a) _____

b) _____

c) _____

I would prefer to work with children (You may select more than one)

7 years old

8 years old

9 years old

10 years old

11 years old

Teenagers

Following Rules: How well do you follow rules and respond to authority (1 is Very Well, 5 is Poorly)

1 2 3 4 5

Background Check

Have you ever been convicted of or pleaded guilty to any crimes Yes No

Have you ever been placed on probation, Suspended Sentence or Suspended Imposition of Sentence for any offense involving a minor child (a child under 18), or been placed on ANY local, or international wanted list.

Yes No

Have you ever been sued in a civil court of law where the allegations in the suit involved illegal, inappropriate, or sexual conduct or contact with a minor child?

Yes No

Have you ever been subject to any court order involving any sexual, physical or verbal abuse including domestic violence or civil harassment injunction or protective order?

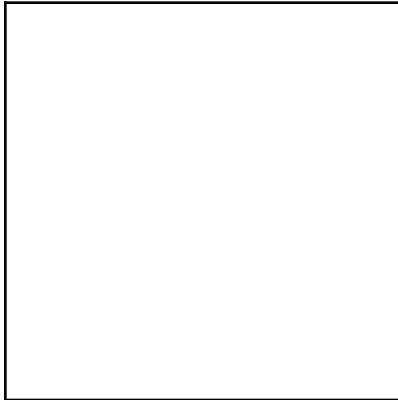
Yes No

Have you ever resigned, been terminated or been asked to resign from a position, whether paid or as a volunteer, due to a complaint(s) of sexual, physical or verbal abuse of minors?

Yes No

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***Please upload recent passport size photo.**



***Please submit a copy of a recent Police Clearance/ state date of interview to have Police Clearance or submit copy upon**

Signature: _____

Date: _____

REFERENCES:

Please state the names of two persons who can give a character reference for you.

Name: _____

Occupation : _____

Contact:

Name:

Occupation:

Contact:

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