

# Tutor Registration Form

LITERACY VOLUNTEERS SERVING ADULTS

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

I am interested in volunteering with LVSA because:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

YES! I will attend the next workshop.

*(Please see the Upcoming and Events page of our website for details.)*

Sorry, I will not be able to attend this time, but please keep me on your mailing list.

Sorry, I am no longer interested in LVSA.

*Return form to:* Tutor Training  
Literacy Volunteers Serving Adults  
PO Box 2083  
Wilmington, DE 19899-2083

*or, fax this form to:* 302-654-9132