

OFFICE USE

DMACC ID# _____

Username _____

Password _____

English Proficiency (verbal):
limited proficient

ADULT LITERACY APPLICATION

1. PERSONAL INFORMATION

DATE _____

Name _____

Address _____

City, State _____ ZIP _____

Email Address _____

Phone (cell) _____ (home) _____

Back-up Contact Name _____

Relation to You: _____ Phone _____

Date of Birth _____ Place of Birth _____

How long have you been in the U.S.? _____

GENDER Male Female

RACE Caucasian Black/African American Asian

Hispanic / Latino Native American _____ Other

Are you a parent? Yes No Ages of children _____

How did you learn about the Literacy Center? _____

2. EDUCATION

Where did you go to school? _____

Education Completed _____

What is your first language? _____

What language is spoken in your home? _____

Can you read in your first language? Yes No

Do you speak other languages? Yes No Do you read other languages? Yes No

What are your best days and times to meet? _____

Tutor preference: ____ male ____ female ____ either

3. EMPLOYMENT

Employed: ____ Full-time ____ Part-time ____ Unemployed ____ Retired
____ Student ____ Public Assistance ____ SSI ____ Food Stamps ____ Section 8/Housing

Do you have more than one job? Yes No

Where do you work? _____

Describe your job title/duties: _____

4. YOUR GOALS

What you want to accomplish by enrolling in the Literacy Center?

Employment:

Education:

Financial:

Self and Family:

What do you enjoy doing? Your hobbies?

What do you do well? What are your strengths? How do you learn best?

Tutor _____
Start Date _____