

**PALMETTO LITERACY COUNCIL**  
BUILDING A STRONGER COMMUNITY THROUGH LITERACY



**Mailing Address**

1229 38<sup>th</sup> Ave N., #130  
Myrtle Beach, SC 29577  
(843) 945-9278 [www.palmettoliteracy.org](http://www.palmettoliteracy.org)

**Office Address**

1010 5<sup>th</sup> Ave N. Ext., #102  
Surfside Beach, SC 29575  
palmettoliteracycouncil@gmail.com

**VOLUNTEER INTAKE FORM**

**Volunteer's Information**

**SSN#:** \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Male or Female? Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Male

Female Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Name and Number \_\_\_\_\_

Ethnicity _____	Black	Employment _____	Full-Time
_____	Hispanic	_____	Part-Time
_____	White	_____	Retired
_____	Native American	_____	Unemployed
_____	Asian	_____	Other _____
_____	Other _____		

Highest Level of Education Completed \_\_\_\_\_

Closest Library(ies) To You \_\_\_\_\_

How Did You Hear About Us? \_\_\_\_\_

Language(s) Spoken \_\_\_\_\_

Would Prefer to Tutor _____	Children	Learner Preference
_____	Adults	<input type="radio"/> Males
_____	No Preference	<input type="radio"/> Females
		<input type="radio"/> No Preference

**Subject You Prefer to Teach:**

- Reading/Literacy – may include reading, writing, grammar, and/or penmanship
- Math
- Writing – may include writing, grammar, and/or penmanship

**VOLUNTEER/TUTOR CONTRACT**

Volunteer/Tutor Name: \_\_\_\_\_

As a volunteer/tutor of the Palmetto Literacy Council, I agree to abide by the following guidelines:

- ✓ I understand that all information I receive by the Palmetto Literacy Council (PLC) and my student is protected by privacy and confidentiality laws and/or policies and is not to be shared with people or entities outside of PLC.
- ✓ I agree to attend PLC training as scheduled/required. I agree to use the PLC program material and discuss supplemental material I personally find valuable with PLC.
- ✓ I agree to tutor each student two (2) hours per week. This can occur in one (1) session or two (2) sessions based on my agreement with the student. Tutoring will occur in a public setting to ensure the safety of both the student and myself.
- ✓ I agree to not transport a student **for any reason** at any time.
- ✓ I agree to notify (within a reasonable amount of time) my student(s) and the PLC office, if I am unable to meet.
- ✓ I agree to attend the initial student/tutor match meeting with an PLC staff member. This session will review student assessments, set student goals and create our tutoring schedule. *\*If after this meeting I do not feel I can best serve this student, I can decline this match and be reassigned to a different student.*
- ✓ I agree to submit monthly reports to the PLC office.
- ✓ I agree that I will not endorse any religious or political group during tutoring sessions.
- ✓ I agree to exhibit appropriate behavior at all times.
- ✓ I understand that I may be dismissed for misrepresenting my qualifications, not completing a training session as requested, not complying with stated responsibilities or disregarding tutor policies.

\_\_\_\_\_  
Tutor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director Signature

\_\_\_\_\_  
Date

**PALMETTO LITERACY COUNCIL**

**BACKGROUND SCREENING CONSENT FORM**

Applicant's **LEGAL** Name (*PRINTED*): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I, \_\_\_\_\_, authorize and give consent for the above-named organization to obtain information regarding myself. This includes:

- Local & National Criminal Background Records/Information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I, the undersigned, authorize this information to be obtained in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

By signing this document, I am providing the above-named Organization my consent for an initial background check as well as any subsequent background checks deemed necessary.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PHOTO/VIDEO RELEASE FORM**

I hereby authorize the Palmetto Literacy Council (referred to as “The Council”), and those acting pursuant to its authority, a nonexclusive grant to:

- a) Record my likeness and/or voice on video, audio, photographic, digital, electronic, online format or any and all other media.
- b) Use my name in connection with these recordings (if necessary).
- c) Use, reproduce, publish, republish, exhibit, edit, modify or distribute, in whole or in part, these recordings in all media without compensation for any purpose that The Council, and those acting in pursuant to its authority, deem appropriate, including promotional or advertising efforts. These recordings may appear in a variety of formats and media now available to The Council and that may be available in the future (e.g. print publications, video tapes, CD-ROM, DVD, Internet, mobile, digital, social media).

I hereby release The Council and those acting pursuant to its authority from liability, claims and demands for any violation of any personal or proprietary right I may have in connection with such use, including any and all claims for libel, defamation, or invasion of privacy. I understand that all such recordings, in whatever medium, shall remain the property of The Council. I have read and fully understand the terms of this release.

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE (IF UNDER 18): \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

# **PALMETTO LITERACY COUNCIL**

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## **Health & Safety PROCEDURES**

The following are procedures to be followed by all volunteers, tutors and students.

- Face covering is recommended until COVID is under control (less than 3% of population in Horry County).
- Please wear a face covering if either tutor or student feel safer with the use of face coverings. Please respect each other's comfort level.
- If using face coverings, please use with the following guidance:
  - ✓ cleaned regularly
  - ✓ cover the area from the nose bridge to under the chin
  - ✓ Secured with elastics around the ears or ties
- If wearing a face covering, please remember to speak clearly and to speak up, it might be difficult for your partner to hear and/or understand you.
- Frequently wash your hands with soap and water for at least twenty (20) seconds. If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol.
- Avoid touching your eyes, nose and/or mouth.
- Cough or sneeze into your elbow. If you use a tissue, discard it properly and wash/sanitize your hands.
- If you are sick or have been in recent close contact with someone who is sick, stay at home.
- Recognize and respect personal risk factors (certain people are at a high risk for developing complications or acquiring the COVID or other viruses).
- Be sure to maintain proper social distancing as recommended by the CDC/SC-DHEC.

I hereby acknowledge that COVID-19 is and has been a health emergency and I have read, understood and agree to comply with the policy and procedures listed above.

I acknowledge that failure to comply with these procedures as listed above may lead to the termination of my involvement with the Palmetto Literacy Council.

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Signature of Volunteer

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Date Signed

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Signature of Adult Student or Guardian

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Date Signed

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Days/Time/Location of Temporary Tutoring Sessions

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Days/Time/Location of Permanent Tutoring Sessions



