## **Literacy Central Vancouver Island**

Literacy for all individuals, 1990

19 Commercial Street, Nanaimo BC V9R 5G3
Phone: 250-754-8988 Fax: 250-754-8114

## **BEARS & BEAMS PROGRAM**

family@LCVI.ca

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Date received:	
Date interviewed:	
CRC Received:	
Date sent to school:	
School posted at:	
Follow Up:	

Nan	ne:				***************************************					
Address:					Postal Code:					
Tele	ephone H:		C:			Email:				
Vol	unteer Experier	nce: _								
Tea	ching Experienc	ce:			· · · · · · · · · · · · · · · · · · ·	***************************************				
Pre <sup>-</sup>	ferred school o	r neig	hborhood:							
Are	you willing to	drive t	to a school no	t near yo	ur home?			-AB 411-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
	ould like to help n available the t					· · · · · · · · · · · · · · · · · · ·	ath)			
	Monday		Tuesday		Wednesday		Thursday		Friday	
	Mornings		Afternoons		AM or PM					
Emergency Contact: Name Phone # Phone # I understand and agree that:  1. I will participate in an orientation and workshops as required.  2. I will be punctual and reliable once I make this commitment, as it is important that the children can count on me.  3. I will notify my contact person if I am unable to fulfil my obligation.  4. I consent to the SD 68 Board receiving a copy of my Criminal Record Check.										
Dat	ce:			Sig	nature:	,				
	und out about t Newspaper Another Budd Posted Sign at	ly	☐ TV,	/Radio A cebook	ds 🗆	Instagram			e	









