



Literacy
Volunteers of
Oswego County, Inc.
Read to Succeed

ORIENTATION REGISTRATION FORM

Name (Last, First): _____ Female Male

Address, City, State, Zip: _____

(____)____-____ (____)____-____ (____)____-____
(Home phone) (Work phone) (Cell phone)

E-mail: _____

How you heard about us: _____

Availability for 3 hour Orientation Session: Daytime Evening

ORIENTATION ATTENDING: _____
(Date) (Time)