



# Siskiyou County Library Adult & Family Literacy Program

## Application

Thank you for your interest in the Siskiyou County Library's Adult and Family Literacy Program. Please complete this form to help us better understand your needs. All information is confidential and used solely for program purposes.

### Section 1: Adult Participant Information

Full Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

*\*IMPORTANT: Please complete for non-English Speakers*

\*Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

1. Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

2. Ethnicity: (Check all that apply)

- American Indian or Alaska Native  Asian  Black or African American  White  
 Hispanic or Latino  Native Hawaiian or Other Pacific Islander  Other: \_\_\_\_\_

3. Native Country: \_\_\_\_\_ Primary Language \_\_\_\_\_

4. How did you hear about this program? \_\_\_\_\_

### Educational Background

5. Highest Level of Education Completed: (Check one)

- No formal schooling  Elementary School  Middle School  Some High School  
 High School Diploma or GED  Some College  Associate Degree  Bachelor's  
Certificate/Diploma? \_\_\_\_\_  U.S. \_\_\_\_\_  Foreign \_\_\_\_\_

6. What was your school experience with reading & Writing? \_\_\_\_\_

7. Were you in special classes in school? Yes  No  \_\_\_\_\_

8. Do you have any special needs or disabilities? Yes  No  \_\_\_\_\_

9. Do you have transportation? Car  Bus  Other \_\_\_\_\_

10. Do you have hobbies /special interests? \_\_\_\_\_

11. Do you have children living in your household?  Yes  No

12. Would you like to enroll your children in the family literacy program?  Yes  No

13. Are you the:  Parent  Primary Caregiver \_\_\_\_\_

## Section 2: Family Information (Children in Household)

**Please provide information about each child:**

First Name	Last Name	Age	D.O.B.	Gender	Grade	Ethnicity	Primary Language

## Section 3: Program Goals and Needs

**What are your primary goals for joining the literacy program?** (Check all that apply)

- Improve reading skills  Improve writing skills  Learn English as a second language  
 Support children's education  Improve job readiness  Personal growth and confidence  
 Other: \_\_\_\_\_

**Do you have access to any of the following?** (Check all that apply)

- Internet  Smartphone  Computer or Tablet  Wi-Fi
- \_\_\_\_\_

## Section 4: Additional Information

**Is there anything else you'd like us to know about you or your family's literacy needs?**

\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Thank you for completing this form. A program coordinator will contact you soon to discuss next steps!