



*Client Intake Form – Confidential*  
Literacy Volunteers of Camden County  
English as a Second Language Program

**Please complete in full**

- \* Date: \_\_\_\_\_
- \* Student First Name: \_\_\_\_\_ \* Last Name: \_\_\_\_\_
- \* Social Security Number: \_\_\_\_\_
- \* Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ \* Age: \_\_\_\_\_ \* Gender:  M  F
- \* Address: \_\_\_\_\_
- \* City: \_\_\_\_\_ \* State: \_\_\_\_\_ \* Zip: \_\_\_\_\_
- \* Phone Number: \_\_\_\_\_ \* Alternate Phone Number: \_\_\_\_\_
- \* Email Address: \_\_\_\_\_
- \* English-Speaking Contact Name/Relationship: \_\_\_\_\_  
\* Contact's Phone Number: \_\_\_\_\_
- \* Student Country of Birth: \_\_\_\_\_ \* Student Native Language: \_\_\_\_\_
- \* Native Language Ability:  Speak  Read  Write
- \* How long have you been in the United States? \_\_\_\_\_
- \* Do you plan to live here permanently?  Yes  No (If no, how long will you stay? \_\_\_\_\_)

**\* Availability- please check all times that you are available for tutoring**  
*Note that children are not permitted to attend tutoring sessions.*

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

- \* Location Preferences:  Voorhees  Cherry Hill  Other: \_\_\_\_\_
- \* Transportation Mode: \_\_\_\_\_
- \* Special Needs:  Hearing Impaired  Physically Disabled  Wheelchair  Other \_\_\_\_\_
- \* Source of Referral:  Library  Family/Friend  Unemployment Agency  Other \_\_\_\_\_

**→ There is a second page. Please turn over. →**

\* **Ethnicity (choose one):**  Hispanic/Latino  Not Hispanic/Latino

\* **Race (choose one or more):**  American Indian/ Alaskan Native  Native Hawaiian/Pacific Islander  
 Black or African American  Asian  White

\* **Status on Entry (check all that apply):**  Employed Full Time  Employed Part Time  
 Unemployed  Not Looking for Work  Retired  U.S. Citizen  F1 Student Visa

\* **Current job:** \_\_\_\_\_ \* **Job in home country:** \_\_\_\_\_

\* **Approximate Current Individual Income:** \_\_\_\_\_

\* **Barriers to Employment (check all that apply):**  Cultural Barriers  Disabled  Low Income  
 Displaced Homemaker  English Language Learner  Long Term Unemployment  
 Low Literacy Levels  Migrant/Seasonal Worker

\* **Education Level:**  Less than high school (last grade completed: \_\_\_\_\_)  High school graduate  
 Some college/technical school  Bachelor degree  Graduate degree  Unknown

\* **Education Location:**  Attended school in the U.S.  Attended school outside the U.S.

\* **Did you study English in your country:**  Yes, \_\_\_\_\_ years  No

\* **Can you read English?**  Yes  No  A little \* **Can you write English?**  Yes  No  A little

\* **How much spoken English do you understand?**  A lot  Some  A little  None

\* **What do you do to improve your English?**  Study  Watch TV/movies/Radio  Listen to people  Other

\* **Do you use the Internet?**  Yes  No \* **Own a smartphone?**  Yes  No

\* **What are your goals? Check all that apply:**  Get a job  Get a better job  Retain a job  
 Obtain a high school diploma  Enter college  Enter job training  Obtain citizenship  
 Increase community involvement  Increase involvement in your child's education

Please Explain: \_\_\_\_\_

**Student's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*To become a student with LVCC, you will need to be tested on a weekday during normal business hours. We will contact you.*

**Return to: Literacy Volunteers of Camden County  
Camden County Library  
203 Laurel Road  
Voorhees, NJ 08043**

**Office Use Only**

ESL database  Access  S/T  LACES  Referred to: \_\_\_\_\_  
 Tutor: \_\_\_\_\_ Notes: \_\_\_\_\_  
 Class: \_\_\_\_\_

# Literacy Volunteers of Camden County

A ProLiteracy America Affiliate

**Shyamoli De**  
*Director*

**Charlotte Perez**  
*Coordinator of Basic Literacy*

**Victoria Chisholm**  
*Coordinator of English for Speakers of Other Languages*

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## Release of Information Form

I (print name) \_\_\_\_\_, authorize **Literacy Volunteers of Camden County** to release my educational records, which include my name, social security number, student ID number, address and date of birth, to the New Jersey Department of Labor and Workforce Development, 1 John Fitch Way, Trenton, NJ and to Camden County College, which is our partner with the Department of Labor and Workforce Development, for the administration of our educational programs.

I understand that the use of my records is limited to and in connection with the audit and evaluation of federally supported education programs, or in connection with the enforcement of the federal legal requirements related to the WIA Title II grant program.

My signature is an acknowledgement that I have read and voluntarily consent to the release of the above-mentioned information.

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

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

Social Security Number \* \_\_\_\_\_

\*SSN is used for data matching purposes only.

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**Camden County  
Vogelson Library**  
203 Laurel Road  
Voorhees, NJ 08043  
(856) 772-1636 Ext. 7331

**Camden County  
Resource Center**  
2600 Mt. Ephraim Avenue  
Camden, NJ 08104  
(856) 968-4267

**Email:**  
literacy@camdencountylibrary.org  
**Website:**  
<http://literacy.camdencountylibrary.org>