

Inquiry & Contact form
Adult Literacy Program
West Milford Lions Club & West Milford Township Library

Instructions: Please complete this form if you are interested in learning more about our Adult Literacy Program. The completed form should be returned to the Reference Desk at the West Milford Library.*

First name: _____ Last name: _____

Home Address:

Street: _____

City: _____ Zip code: _____

Home or cell phone: _____

Native country: _____

Language(s) spoken: _____

English speaking contact: Name: _____

Telephone: _____

* The completed form can be either dropped off at or mailed to the West Milford Library (Attention: Reference Dept.) at 1470 Union Valley Road; West Milford, N.J. 07480.

Please note that a member of the West Milford Lions Club will contact you within one (1) week after receiving your completed form.

Date received by Reference Dept. _____

Adult Literacy Program
Student Information
West Milford Lions Club

First name _____ Last Name _____

Male/Female (Circle)

Home Address _____

Home phone or cell # _____

Occupation/Profession _____

Level of education: _____

Speaking language _____

Other languages spoken _____

Level of education in spoken language _____

Level of education in the United States, if any _____

Grade level of English knowledge:

_____ Alphabet

_____ Numbers

Tutor preference (please circle): Female/Male/Either

Do you have transportation to the West Milford Library? Y/N (Circle)

When are you available for tutoring?

Morning _____ Afternoon _____ Evening _____

Day of week: _____

Student's goals:

Date: _____

For Tutor's use only: