

# Reading Buddy Application

# Volunteer Form

Thank you for your interest in the Reading Buddy Program. If you would like to volunteer to be a reading buddy to a younger student, please fill out the following questionnaire.

- This position requires:
  - you are at least 13 years of age
  - you commit to meeting for at least 3 months with your “reading buddy” each week
- If you have an emergency and are unable to meet or will be late, please call the library at 434-2453 the day before so we can contact your partner.

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Your age: (please check one) 13 \_\_\_ 14 \_\_\_ 15 \_\_\_ 16 \_\_\_ 17 \_\_\_ 18 or older \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address (optional): \_\_\_\_\_

Circle how many hours per week you would like to volunteer:    1        2        3

### Please specify days and times you will be available to meet.

Mon. 3:00 – 4:00 _____	Thur. 3:00 – 4:00 _____	Sat. 9:00 – 10:00 _____
3:30 – 4:30 _____	3:30 – 4:30 _____	9:30 – 10:30 _____
4:00 – 5:00 _____	4:00 – 5:00 _____	10:00 – 11:00 _____
4:30 – 5:30 _____	4:30 – 5:30 _____	10:30 – 11:30 _____
5:00 – 6:00 _____	5:00 – 6:00 _____	11:00 – 12:00 _____
5:30 – 6:30 _____	5:30 – 6:30 _____	
6:00 – 7:00 _____	6:00 – 7:00 _____	
6:30 – 7:30 _____	6:30 – 7:30 _____	
7:00 – 8:00 _____	7:00 – 8:00 _____	

**Please check as many time slots as possible. This will assist us in finding a reading buddy with the same hours.**

*(You will meet for ONE HOUR per week with each student.)*

*Please remember that you are making a commitment to another person. You will be in a partnership with a student for the next few months. In the event of an emergency, please call the library at 434-2453 the day before or at least several hours before the meeting so that we can contact your student buddy.*

Volunteer name (please print): \_\_\_\_\_

Volunteer Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent name (please print): \_\_\_\_\_

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

(If volunteer is under 18 years of age)

Date \_\_\_\_\_