

FALL 2007 READING BUDDIES VOLUNTEER APPLICATION

Return to: Lafayette Public Library, 775 West Baseline Road, Lafayette, CO 80026

**Deadline for applications: September 21, 2007**

**\*\*Volunteers currently in grades 6-12 in the fall may apply\*\***

Please **PRINT** all information clearly

**Contact Information:**

Your name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade in Fall \_\_\_\_\_

Parent's name \_\_\_\_\_

In case of emergency, daytime phone for parent \_\_\_\_\_

**Please tell us about yourself:**

I want to be a reading buddy because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What else should we know about you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you are available for more than one session, would you like to:

\_\_\_\_\_ participate in the ONE session we have most need for you

\_\_\_\_\_ participate in as many sessions as possible (with a different buddy in each session)

***Please tell us about your availability. You should plan to attend ALL the meetings of the session you are chosen for.***

Programs at the library:

\_\_\_\_\_ Thursday afternoons from 3:45 to 5:00, from October 4 through November 29 (no meeting on November 22)

\_\_\_\_\_ Saturday mornings from 10:15 to 11:30, from October 6 through December 1 (no meeting on November 24)

Program at Sanchez Elementary:

\_\_\_\_\_ Monday afternoons from 3:15-4:30, from September 17 through November 26 (no meeting on November 19)

- *Which language would you prefer to work with?*

\_\_\_\_\_ English

\_\_\_\_\_ Either English or Spanish

**PLEASE NOTE:** Reading Buddy volunteer interviews will be conducted during the month of September. Sarah Dodson-Knight, Reading Buddies coordinator, will contact you to set up a time for an interview.

**Please initial and sign the following statement:**

\_\_\_\_\_ I have read the Reading Buddies Summer 2007 information brochure.

\_\_\_\_\_ I am aware of the dates and requirements of the program, and I agree to participate fully in the training and other aspects of the program, to the best of my ability.

Signature of volunteer \_\_\_\_\_

Signature of parent \_\_\_\_\_

Date \_\_\_\_\_