

**Beekman Library
Teen Reading Buddy Application**

Please return this application to Jo Ann DiSalvo in the Children's Room

Name _____
Street Address _____
City _____ Zip Code _____
School _____ Age / Grade _____
Phone (home & cell) _____
E-Mail Address _____

AVAILABILITY: Circle all that apply

Mon (4:30-6:30 pm) Tues (4:30 am - 6:30 pm) Wed (4:30-6:30 pm)
Thurs (4:30 am - 6:30 pm) Sat (10 am-1 pm)

**Applicants will be notified by January 10th if they have been accepted into the
Reading Buddy Program**

Contract:

As a Reading Buddy, I will:

- Attend a short thirty minute orientation meeting on Wednesday, January 11th at 4 pm. If you have volunteered for this program previously, you do not need to attend the orientation meeting.
- **Meet with my Reading Buddy every week beginning January 16th - March 17th.**
- **Call the Beekman Library (724-3414) and my Reading Buddy if I will not be able to attend a session (at least a half-hour ahead of scheduled time).**
- In case of inclement weather during the winter months, I will phone the library ahead of my scheduled time to make sure the library is open.
- **Sign in each session.**

Signature: _____ Date: _____

****If you need transportation to participate in this program, you will need to have the parental permission slip completed.**

PARENTAL PERMISSION FORM

I give permission for my son/daughter _____ to volunteer at the Beekman Library, 11 Town Center Blvd, Poughquag, NY as a Reading Buddy. I will provide transportation for my son/daughter.

Signature: _____ Date: _____

Why are you interested in being a Reading Buddy? Have you ever read with children before?

What are your interests and hobbies?

Is there anything else we should know?

READING BUDDY REFERENCE
(To be filled out by a teacher, employer, coach, etc.)

_____ is applying to be a Reading Buddy at the Beekman Library. We screen all volunteers by asking for written references. Could you please provide a reference for him/her?

1. How long have you know this applicant? _____

2. Does he/she have the time, patience, and reliability to work with children?

3. What special qualities does he/she have?

4. Is he/she a risk to children or others?

5. Do you have any other comments?

Signature: _____ Date: _____

School / Organization: _____

Telephone # & Extension: _____

E-Mail Address: _____