

Beekman Library
Y.E.S. (Youth Empowerment through Service)
Reading Buddy Application

Name _____ Phone (home&cell) _____

E-Mail _____ Address(street & town) _____

School _____ Grade _____ Date _____

Have you volunteered at the Beekman Library previously? Y/N If yes:

Year:

Programs:

AVAILABILITY: Circle all that apply

Mon (10:30am-4:30 pm)

Tues (10:30am-6:30pm)

Wed (10:30am-6:30 pm)

Thurs (10:30am – 6:30 pm) Sat (10:30 am-3:30pm)

Please hand in the application to Miss Pauline or leave at front desk. Applicants will be notified once the Reading Buddy teams have been finalized.

Contract:

As a Reading Buddy, I will:

- Attend a short twenty-minute orientation meeting with Miss Pauline. If you have volunteered for this program previously, you do not need to attend the orientation meeting.
- ***Meet with my Reading Buddy every week during the given session.***
- **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).**
- **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: _____

Print: _____

Funded in part by the NYS office of Children and Family Services & Dutchess County Division of Youth Services.

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Name: _____

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?

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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: _____