

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

Summer 2022

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: _____

This program is free of charge. Funded in part by the NYS Office of Children and Family Services & Dutchess County Division of Youth Services.

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

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

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?

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

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: _____