

**Beekman Library  
Academic Year  
Student Reading Buddy Application**

Student's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

School \_\_\_\_\_ Age / Grade \_\_\_\_\_

Phone (home & cell) \_\_\_\_\_

E-Mail Address (PLEASE WRITE CLEARLY):  
\_\_\_\_\_

**AVAILABILITY:** Please indicate your available days and times:

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

**Applicants will be notified of your scheduled day/time as soon as the teams have been finalized.**

**PARENTAL PERMISSION FORM**

I give permission for my son/daughter \_\_\_\_\_ to meet with a Reading Buddy at the Beekman Library, 11 Town Center Blvd, Poughquag, NY once a week

This program helps teens develop job skills for teens. In addition to letting us know if they are unable to make a scheduled session, we ask our teen volunteers to contact you directly as well. If you cannot make it to the program, please let **them** know. Teen volunteers often get transportation from their parents. We want to avoid having teens arrive and not having their young buddy attend. Please let them know **at least** ½ hour before the scheduled session.

I understand that this program is not a tutoring program. ***I will remain in the library during my child's scheduled session.***

I understand that my child is to display proper behavior at the library.

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

Date: \_\_\_\_\_

Parents Name (PRINT CLEARLY): \_\_\_\_\_

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