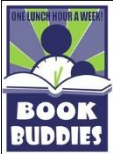




Literacy Connections

325 Main Street, Poughkeepsie, NY 12601
845 – 452 – 8670 Email: LitConnections@aol.com



Book Buddies Volunteer Enrollment Form

Contact Information: Please PRINT – PLEASE USE PEN.....

Name	
Street Address	
City, State, Zip Code	
Home Phone	
Cell Phone	
Work Phone	
Email	

Availability.....

Is there a day of the week you cannot volunteer (Monday – Friday)?

If yes, please tell us the day/s you are not available: _____

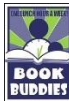
Previous / Current Volunteer Experience.....

Please summarize or list your previous/current volunteer activity:

Have you ever been convicted of a crime?

Please answer YES OR NO : _____

If yes, please see Volunteer Coordinator after session is over.



How did you hear about this program? Please check all that apply:

- Web site
- Facebook
- Someone came to talk to my group
- OTHER: Please explain: _____
- I met a staff person at an event
- A friend/neighbor/relative told me.

What school districts are you willing to volunteer in? _____

OR

Send me where I am needed most!

Interests.....

If you have any interests / expertise you might like to share with us, please let us know!
Please note: checking any of these is not a commitment, just a conversation sometime....

_____Special Events

_____Office Administration: phone calling/answering, copying, collating, filing, etc.

_____Fundraising

_____Community Spelling Bee

_____Project READ: Reading to young children in classrooms

_____Student/Tutor Library (we will show you how to help manage our library)

_____Coordinating Volunteers for Book Buddies in my community / school district

Agreement and Signature.....

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that any false statements or other misrepresentation may result in dismissal. *I pledge to do follow the rules of the school I am volunteering in, and to do the best I can with my Book Buddy.*

Signed

Date