



**Spring 2012 Reading Buddies Volunteer Application**  
Return to: Avon Public Library PO BOX 977 Avon, CO 81620  
**Deadline for applications: Monday, February 27th**  
Please **PRINT** clearly!

Your name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

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

Email \_\_\_\_\_ DOB \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Daytime phone for parent \_\_\_\_\_

Parent name \_\_\_\_\_ Parent's e-mail \_\_\_\_\_

Why do you want to be part of Reading Buddies? What are your goals as a Big Buddy?

\_\_\_\_\_  
\_\_\_\_\_

What are some of your favorite things (books, music, activities, school subjects, etc.)?

\_\_\_\_\_  
\_\_\_\_\_

**Programs at the Avon Public Library:**

Wednesdays, February 29<sup>th</sup>-April 11<sup>th</sup>

Indicate any dates you know you will not be available: \_\_\_\_\_

**Program at Homestake Peak School**

During school hours T.B.A.

Do you have a block period/study hall/enrichment time in which you would be permitted to leave campus?

What day? \_\_\_\_\_ time? \_\_\_\_\_

**Reading Buddy applicant interviews** will be conducted in January and February.

Please indicate below which day(s) you are available; the RB Coordinator will contact you to set up a specific time for a 15-20 minute interview. A parent will be required to attend the first five minutes of the interview.

\_\_\_\_\_ (by appointment) January and February

\_\_\_\_\_ Monday, February 27<sup>th</sup> (3-4 pm, by appointment) 4-6 pm training

**Applicant: please initial the following statements and sign below:**

\_\_\_\_\_ I am aware of the dates and requirements of the program. I will arrive on time and contact the Reading Buddy Coordinator and my Little Buddy in advance if unable to attend a meeting.

\_\_\_\_\_ I agree to participate in **all** aspects of the program to the best of my ability with enthusiasm and a positive attitude, including reading **the Big Buddy Handbook** before attending the training or meeting with my LB.

\_\_\_\_\_ I will adhere to the library's volunteer guidelines and will model appropriate behavior in the library for the younger children.

**Parent/guardian, please initial the following statements and sign below:**

\_\_\_\_\_ I am aware of the dates and requirements of the program.

\_\_\_\_\_ I will encourage my child to be a caring, reliable, resourceful, and creative Big Buddy.

\_\_\_\_\_ *Initial this Photo Release only if you authorize us to include pictures of your child in RB publicity materials:* I give the Avon Library permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims against the Library with respect to copyright ownership and publication, including any claim for compensation related to the use of the materials.

Signature of volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_

