



LITTLE BUDDIES APPLICATION (GRADES 1-3 STUDENTS)

Return to one of the following libraries where you would like to volunteer:

Eagle Public Library, 600 Broadway, Eagle
Gypsum Public Library, 47 Lundgren Blvd., Gypsum
Avon Public Library, 200 Benchmark Rd., Avon

I want to attend at: _____ Eagle Library _____ Gypsum Library _____ Avon Library

I am signing up for the following session: _____

Please list here any dates your child will not be able to attend: _____

Today's Date: _____ Elementary Student's Name: _____

Birth date: _____ M _____ F _____ Grade _____ School: _____

Parent/guardian's name: _____

Mailing address: _____

Physical address: _____

Email: _____

Home phone: _____ Cell phone: _____

Alternate Emergency Contact: _____ Phone: _____

Please tell us about your child so that we can make the best Big Buddy match possible.

What language(s) does your child speak at home? _____

I would like my child to practice reading in English _____ Spanish _____ Both _____

I would prefer my child to have a Big Buddy who is:
male _____ female _____ doesn't matter _____ (we'll try our hardest!)

My child's reading is:
Below grade level _____ at grade level _____ above grade level _____ I'm not sure _____

I would like my child to have a Big Buddy because: _____

For each of the following statements, please mark one box based on where you feel your child falls relative to the four characteristics. This will help us choose a compatible Big Buddy.

My child is: SHY OUTGOING.

My child: FOCUSES ON ONE ACTIVITY AT A TIME
LIKES TO BE ENGAGED IN SEVERAL ACTIVITIES AT ONCE

My child: IS RELUCTANT ABOUT SCHOOL ENJOYS SCHOOL

My child: IS HESITANT TO JOIN READING BUDDIES
IS EAGER TO JOIN READING BUDDIES

My child's interests: _____

My child's favorite books: _____

What else would you like us to know about your child? _____

Does your child have any allergies/ medical conditions? _____

Please initial the following statements and sign below:

_____ I am aware of the dates and requirements of the program, and I agree to notify the Reading Buddies Coordinator and my child's Big Buddy if my child is unable to attend a session.

_____ I agree to help my child participate fully in program to the best of my ability, including making sure that she/he arrives on time at the beginning of each session (otherwise his/her Big Buddy may be assigned to a different child for that day).

I give ___ or I **do not** give ___ the Library and The Literacy Project permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims against the Library and The Literacy Project with respect to copyright ownership and publication, including any claim for compensation related to the use of the materials.

Signature of parent/guardian _____ Date _____

Student Name: _____ Grade: _____

Family Educational Rights and Privacy Act (FERPA) RELEASE

The Literacy Project works in conjunction with the Eagle County School District (ECSD) to provide additional support. As part of this partnership, the Eagle County School District has requested that The Literacy Project release to them student name, date of birth, participation dates, and the program(s) in which he/she participated for the purpose of assessing the effectiveness of our programs. I, _____, allow The Literacy Project staff to release to the Eagle County School District the above information about my child, _____.

Parent/ Guardian Signature

Date