

BIG BUDDY VOLUNTEER APPLICATION (Grades 9-12 ONLY)

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 volunteer at: _____ Eagle Library _____ Gypsum Library _____ Avon Library

I am volunteering for the following session: _____

Please refer to <http://www.literacyprojecteaglecounty.org/RB.html> for program dates.

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

Today's Date: _____

High School Student's Name: _____

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

Email: _____

Home phone: _____ Cell phone: _____

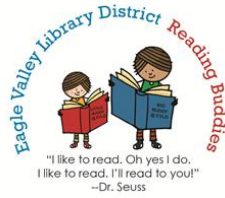
What is the best way to contact you? Email Home Phone Cell Phone

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

What are some of your favorite activities, hobbies, school subjects, etc?

Which language would you prefer to use with your Little Buddy?

English _____ Spanish _____ English and Spanish _____



A Reading Buddies coordinator will contact you to set up a specific time for a **mandatory** 15-20 minute interview. We request that a parent be present for the first 5 minutes of the interview. **An interview is not required for returning Big Buddies, although we will call you to confirm your application.**

Training: You are required to complete a volunteer training session before you are accepted into the Reading Buddies program as a Big Buddy volunteer or volunteer substitute. Please see website for Big Buddy training dates.

Attendance Policy: Any unexcused absences may remove me from the opportunity to participate in future Reading Buddies sessions.

Big Buddy Agreement

Please initial the following statements below:

____ I am aware of the dates of the program.

____ I am aware of the attendance policy.

____ I will arrive on time.

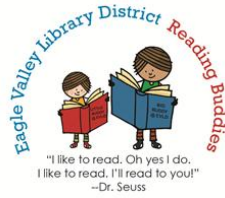
____ I will contact a Reading Buddies coordinator if I am sick by 9am on a meeting day.

____ I agree to participate in all aspects of the program to the best of my ability.

____ I will adhere to the volunteer guidelines

____ I will model appropriate behavior in the library for the younger children.

Signature of volunteer _____ Date _____



PARENTS SHOULD COMPLETE THE FOLLOWING TWO PAGES

Parent/guardian, please fill out your contact information and initial or sign in the appropriate places below:

Parent's name: _____ Parent's mobile phone(s): _____

Parent's address: _____

Parent's home phone: _____ Parent's work phone(s): _____

Parent's Email: _____

Alternate emergency contact person: _____

Alternate's relationship to child: _____ Alternate's phone: _____

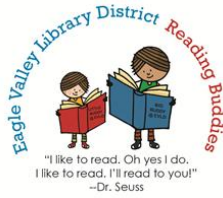
My child has the following health limitations: _____

Medical Treatment Authorization

I give ____ or I **do not** give ____ The Library and the Literacy Project permission to authorize medical care for my child, (child's name _____) if, in the reasonable judgment of The Library or Literacy Project, the need arises. Such medical treatment shall be provided upon the advice and supervision of any physician, surgeon, dentist, or other medical practitioner licensed to practice in the United States.

Signature of parent/legal guardian _____ date _____

The Eagle Valley Library District and The Literacy Project work together to offer Reading Buddies. The Literacy Project, a 501(c)(3) nonprofit dedicated to facilitating organized literacy skill building among children of all ethnicities and demographics, encourages and appreciates the efforts of volunteers under the age of 18. Before a child begins volunteering, however, we require consent from the parent(s) or legal guardian(s). To consent, please read and sign the form below. Thank you, and don't hesitate to contact us with questions.



_____ I am aware of and have reviewed with my child the dates of the program

_____ I am aware of and have reviewed with my child the attendance policy that any unexcused absences may remove my child from the opportunity to participate in future Reading Buddies sessions.

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

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.

By signing this form, I, the parent/legal guardian of _____, consent to the child's participation in volunteer activities organized by the Library and The Literacy Project. I understand that the child will be provided with orientation and training necessary for the safe and responsible performance of the volunteer duties and will be expected to meet all the requirements of the position, including compliance with relevant policies and procedures. I understand that my child will receive no monetary compensation for this work. I also understand that inherent risks may be associated with volunteer activities, including but not limited to broken bones, contusions, sprains, concussions, paralysis, and death, and will not hold The Eagle Valley Library District or The Literacy Project accountable or liable for any injuries that unintentionally result from the child's participation, or that arise during time spent volunteering due to any underlying physical condition.

Signature of parent/legal guardian _____ Date _____

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