

Student Volunteer Permit

(To be signed by parent or legal guardian if applicant is under 18)

_____ has my permission to work as a volunteer at Missouri River Regional Library.

Signature

Date

Relation to Applicant

Home Phone

Work Phone

Cell Phone

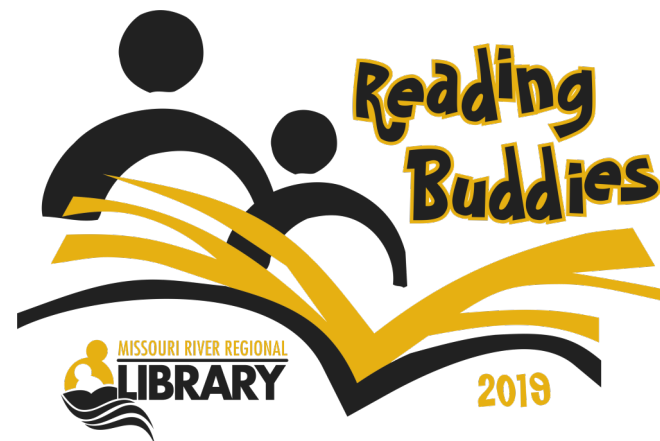
Email

What is Reading Buddies?

The Missouri River Regional Library Reading Buddies program is a literacy-based program that pairs struggling readers from kindergarten through second grade with teen volunteers. They will meet once a week to read together and do group activities. Reading Buddies is designed to give children extra reading practice one-on-one with a teen mentor and make the reading experience fun. The teen volunteers develop responsibility, leadership and communication skills while they serve their community and make a difference in children's lives. By the end of the program, the children will have increased their reading skills.

Questions About Volunteering for Reading Buddies?

Contact Angie Bayne at
(573) 634-6064 ext. 253
or baynea@mrirl.org



Volunteer Application

Missouri River Regional Library

214 Adams Street

Jefferson City, MO 65102

(573) 634-2464

FAX: (573) 634-7028

www.mrirl.org/readingbuddies

www.mrirl.org

Please complete and return by May 13, 2019 to:

Missouri River Regional Library

Attn: Angie Bayne, Children's Librarian

214 Adams Street, PO Box 89, Jefferson City, MO 65102

(please print clearly)

First Name _____ Last Name _____ Preferred Name _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Cell Phone () _____ Email* _____

I will send information and updates about the program through email

School _____ Grade _____ Age _____ Gender _____

Emergency Contact (parent/guardian) _____

Contact Number(s) _____

T-Shirt Size: Youth: **L** Adult: **S M L XL XXL** Other _____

Have you been a Reading Buddies volunteer before? _____

Why are you interested in volunteering for the Reading Buddies program?

Volunteer Experience _____

Reading Buddies runs June 3 through July 30. What days will you be gone?

Reading Buddy sessions are listed below. Please Rank in order of preference (1 to 2). We cannot guarantee you will get your first choice.

_____ 3:00-5:30 pm, Mondays

_____ 6:00-8:00 pm, Tuesdays

What gender child would you like to be paired with? _____ Male _____ Female _____ No preference

Would you like to be a Reading Buddies volunteer both sessions each week? _____

Would you be available to substitute for other volunteers on the day you are not volunteering? _____

Reading Buddies Volunteers are required to attend one training session. Please indicate your preference:

Tuesday, May 28, 6:30-8:00 pm _____ Thursday, May 30, 3:30-5:00 pm _____

References (**No family members**). Please give me the names and emails of teachers, supervisors, or other responsible adults who can provide a character reference for you. If you are a returning volunteer, we do not need new references.

1. _____ Phone _____ Email _____

2. _____ Phone _____ Email _____

Signature _____ Date _____

Please have a parent/legal guardian fill out the student volunteer permit on the back.