



## 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 volunteering for the following session: \_\_\_\_\_

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

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

**Reading Buddies will be held at the following times and places:**

1. Eagle Library: Tuesdays from 4:30 TO 5:30 PM
2. Gypsum Library: Wednesdays from 4 TO 5 PM
3. Avon Library: Wednesdays from 4:15 TO 5:15 PM

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      LIKES TO BE ENGAGED IN  
ACTIVITY AT A TIME SEVERAL ACTIVITIES AT ONCE

My child: IS RELUCTANT ABOUT SCHOOL      ENJOYS  
SCHOOL

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