SJPL STAFF ONLY: Date Received: Staff Initials: PLEASE FORWARD TO YOUTH SERVICES DEPARTMENT

East Hills Library
Application for A+ Readers
Teen Volunteers

This application is for the A+ Readers Program, where we will pair teen mentors with younger children to work on their reading skills. All applicants must be entering grades 9 – 12 in the upcoming school year AND be participating in the A+ scholarship program. Opportunities to earn service hours may be available in the library or off-site at other locations throughout the community. All participants will be supervised by a St. Joseph Public Library staff member regardless of location. The program will be held on Thursdays July 10 – 31 from 2 p.m. – 4 p.m. You must be available during this time! There will be a mandatory training on Thursday, June 26 at 2 p.m.

| NAME: | | AGE: |
|--|--|---------------|
| ADDRESS: | | |
| CITY: | ZIP: | PHONE: |
| EMAIL: | SCH | 00L: |
| PARENT NAME: | | PARENT PHONE: |
| PARENT EMAIL: | | <u> </u> |
| njury or illness that may occur wh | ile my child is volunteering. | |
| PARENT SIGNATURE: | | DATE: |
| PARENT SIGNATURE: | | |
| PARENT SIGNATURE: What kind of books do you like? | | |
| PARENT SIGNATURE: What kind of books do you like? What other interests/hobbies do | o you have? | |
| PARENT SIGNATURE: What kind of books do you like? What other interests/hobbies do | you have? ports, clubs, etc.) are you inv | volved in? |
| What kind of books do you like? What other interests/hobbies do What extracurricular activities (s Have you volunteered at the St. | ports, clubs, etc.) are you inv | volved in? |

Volunteer Schedule

| lessons, etc.), please write those below. | | |
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| Is there anything else you would I | ike to tell us? | |
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| What is the preferred form of conf | tact for job notification? | |
| Text | Parent Text | |
| Email | Parent Email | |
| Phone | Parent Phone | |