



BookReach Volunteer Application

Date: _____ Name: _____

Address: _____

E-mail address: _____

Phone: _____ (h) _____ (w) Occupation: _____

Emergency Information: Contact Person: _____ Address: _____

_____ Phone: _____ (h) _____ (w)

The physical demands of volunteering with the **BookReach** program may include standing, walking, climbing stairs, lifting bags of books and sitting. Are you able to meet these requirements? _____

Will you require any special physical accommodations related to your volunteer participation in this

program? _____ If so, please describe your needs: _____

Availability: Are you available regularly each week? Y N As an on-call substitute reader? Y N

What days and times are best for you? Mon _____ - _____ / _____
am (preferred) pm

Tues _____ - _____ / _____
am (preferred) pm

Wed _____ - _____ / _____
am (preferred) pm

Thurs _____ - _____ / _____
am (preferred) pm

Fri _____ - _____ / _____
am (preferred) pm

Are you available year round? Y N If no, please explain _____

Do you have reliable transportation? Y N

Are you participating in an employer release-time program? Y N If yes, please give name, address and phone number of employer: _____

Please describe any volunteer activities in which you have been involved and which you have enjoyed:

Special hobbies, interests and talents: _____

How did you learn of the **BookReach** program? _____

If you do not wish to be a volunteer reader, but would like to be involved with the **BookReach** program in other ways, please indicate your interests here: _____

BookReach has my permission to use my picture, photographed during my volunteer services, for public relations purposes: Signature: _____

* Please note that all **BookReach** volunteers will have a State Bureau of Identification public records background check done, and are asked to give permission for a Department of Health and Human Services background check. Are you willing to give permission for that check? Y N

*Please also note that you will be asked to bring a copy of your driver's license or state photo ID card to a brief initial interview, prior to processing your application and meeting for Reader Orientation.

Thank you for your application to volunteer with this important program.

Applicant's Signature: _____ Date: _____

