

TEEN Application Form

Reading Buddies Fall 2017

Teen Name: _____

Phone: _____ Birthdate: _____

Emergency Phone: _____

Email: _____

Where did you hear about the Reading Buddies program? : _____

I am applying for: ENGLISH FRENCH Both
Program Day: *Tuesdays* *Thursdays*
Program Dates: *Sept 19 – Nov 21* *Sept 21 – Nov 23*
Program Times: *3:30-4:30 pm* *3:30-4:30 pm*

I am available for an orientation on Monday, Sept 18, 3:30-4:30pm: Y N

Parental Permission (only required if under 16 years of age):

I hereby give permission for _____ to volunteer as a reading buddy at the New Westminister Public Library. All participants will be under the supervision of the coordinating librarian at all times.

Signature of **TEEN**

Date Signed

Signature of **Parent** or Guardian

Date Signed

Please call **604-527-4677** if you are unable to make it to the program.

Form Received On: _____

Accepted: _____ Waitlist: _____

