

Teen Volunteer Application Reading Buddies (Winter 2021, Online)

Date/time received:

Accepted ___ Waitlist ___

Personal Information	
Full Name:	
Email Address:	
Phone Number:	Date of Birth:

References & Experience
Please provide the name, phone number, and email address of a teacher or other adult non-family member who knows you well:
Have you volunteered with children before? <input type="checkbox"/> No <input type="checkbox"/> Yes (Briefly describe your experience below):

Signature	
I understand that to participate in Reading Buddies, I must have access to the internet and a laptop/computer that can run Zoom. I also understand that if accepted into the program, I will be expected to attend a mandatory Zoom training on January 27 (3:30-4:30) and all six program dates (Wednesdays, February 3 through March 10, 3:30-4:00)	
Teen Signature:	Date:

Parental Acknowledgement	
I acknowledge that my child has applied as a teen volunteer with the New Westminster Public Library. I understand that the volunteer recruitment process at the library includes the collection of personal information.	
Parent/Guardian Name:	
Signature:	Date: