

Book Buddies Application

First and Last Name _____

Age_____ Current Grade_____

Phone Number _____

E-mail _____

Parent's Name _____

Parent's Phone Number _____

Why do you want to be a Big Buddy?

What type of books do you like to read? (Mystery, Nonfiction, Fantasy, Manga/Graphic Novels)

Have you worked with children before? Please describe.

Upcoming session dates are: Thursday, April 30th, Thursday, May 28th, Thursday, June 25th, and Thursday, July 23rd. All sessions begin at 4:30 and last approximately one hour.

By submitting this form, I agree that my parent and I are aware of the dates and requirements for the Book Buddies program. I understand that a younger child may be depending on me and I agree to call the library at least one hour prior to my session if I am unable to attend.

My Signature

Parent's Signature
