Family Reading Partnership

Volunteer Intake Form

Name	Date _				
Address					
Phone	e-	mail			
Why are you intereste	ed in volunteering with Famil	v Reading Partners	ship?		
			1		
Please check all volur	nteer opportunities that intere	st you. (See more	details on th	e back.)	
	ort, count, and prepare materia			oks, clean g	ently used books
	mmitment: Once a week or at y				
	iver books to doctors' offices,		ble to lift 30	pounds)	
	mmitment: Once a week for on				
_	ks: Gift-wrap books at WIC si		•	7 1	
	mmitment: 2-3 hours once a ye			•	
	Tend book donation crates and		shelves in th	e communi	ty
	mmitment: 2 hours or less once				
	oordinate a book drive to colle				
	mmitment: 3-5 hours one time	. ,	7*		
	ead books to children (reference		<i>v)</i> ^		
	mmitment: 1-2 hours every oth		- 1 2 tir	mor	1. C 1/2 hour
	veling Books Reader: reads at a			•	
Dao	y Reading Buddy: reads to bab	oles and young com	aren at cima	Cait sites am	a wic
When are you most of Mon.	ften available? Please list the h Tues. Wed.	ours you are gener Thurs.	ally available Fri.	under each Sat.	day of the week. Sun.
AM					
PM					
TT Comments would	1 1:1 (
	d you like to volunteer? short notice / as nee	dad / occasionally			9
weekly monthly	short notice / as nee	re / regularly			
•		-	Tiles as Colla	- 1	
_	rtation to our office in Danby?	(5 miles south of	Ithaca Cone	ge)	III III au
Interested in being a	Reader? Please fill in below:				
What do vou enjoy al	bout reading to children?				
	1 1 1 1 1 1 1 1				
What experience do	you have reading to children?				
Please provide the na	ames and phone numbers of tw	wo references:			
-	-				
1					
2					