## Family Reading Partnership

## Volunteer Intake Form

| Name   |  |  |  | D;                          | ate                    |                              |
|--|--|--|--|-----------------------------|------------------------|------------------------------|
| Address  |  |  |  |                             |                        |                              |
| Phone  | e-mail   |  |  |                             |                        |                              |
| • Why are you intereste  | ed in volunteering with  | n Family Rea   | ading Partners   | hip?                        |                        |                              |
| Time con   | ort, count, and prepare<br>nmitment: Once a weel   | materials fo<br>k or at your o   | r distribution, 1<br>convenience 1-2                           | ? hours.                    | · · ·                  | ently used books             |
| Time con   | ver books to doctors' on<br><i>mitment: Once a wee</i><br>Yend book donation cr  | k for one hoi  | ur.  | -                           |                        | у                            |
| Book Drive: Co<br>Time con<br>Read Books: Re<br>Time con<br>Trav | nmitment: 2 hours or le<br>oordinate a book drive<br>nmitment: 3-5 hours of<br>ead books to children (<br>nmitment: 1-2 hours ev<br>veling Books Reader: read<br>y Reading Buddy: read | to collect us<br>ne time per y<br>references ne<br>very other we<br>eads at a chil | sed books<br>ear<br>eeded, see below<br>eek<br>dcare center or | r home 2 time               |                        |                              |
| When are you most of Mon. AM PM                                  |  | ist the hours<br>Wed.  | you are genera<br>Thurs.<br>                                   | lly available ı<br>Fri.<br> | under each<br>Sat.<br> | day of the week.<br>Sun.<br> |
| • How frequently would<br>weekly<br>monthly                      | d you like to volunteer<br>short notice /<br>scheduled in  | ?<br>/ as needed /<br>advance / re   | ′ occasionally<br>egularly                                     |                             | ¢                      |                              |
| • Do you have transpor   |  |  | niles south of l   | Ithaca Colleg               | e)                     | A Haupi                      |
| * Interested in being a  |  |  |  |                             |                        |                              |
| What do you enjoy at   | oout reading to childre  | en?  |  |                             |                        |                              |
| What experience do y   | ou have reading to ch  | ildren?  |  |                             |                        |                              |
| _  | mes and phone numb   |  |  |                             |                        |                              |
|  |  |  |  |                             |                        |                              |

Mail to: Family Reading Partnership, 54 Gunderman Rd. Ithaca, NY 14850 or email: office@familyreading.org