

**Rolla Public Library**  
**Reading Buddies**  
**Big Buddy Application**

Volunteer Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Parent/Guardian Phone Number: \_\_\_\_\_

Emergency Contact(s) and Phone Numbers: \_\_\_\_\_

Have you volunteered for Reading Buddies before?

Yes

No

Do you speak/read in languages other than English?

Yes (Please list languages: \_\_\_\_\_)

No

Please tell us a little about yourself below!

Are you involved in extracurricular activities? If yes, please list: \_\_\_\_\_

Why do you want to be involved with this program? \_\_\_\_\_

Is there anything else you would like us to know about you? \_\_\_\_\_

Sessions will be held biweekly for the chosen day. Exact dates will be shared with you when you are placed in the program. Please select the day/time you would like to sign up for:

Thursday 4:00-5:15 pm

Saturday 10:00-11:15 am

Are you interested in being a substitute Big Buddy if the slots are full for this 3-month session?

Yes

No

Please check beside after reading the following:

- I am aware of the dates and requirements of the program. **I will arrive on time** and contact the library in advance if I am unable to attend a session (preferably a 2 day notice).
- I understand that if I am late to a session, my little buddy may be assigned to a different big buddy for that session.
- I agree to participate in all aspects of the program, including initial training and weekly sessions during the 3-month period. I understand that **absences may result in forfeiting** all earned volunteer hours.
- I will adhere to the library's code of conduct and will model appropriate behavior.
- I understand that submitting this form does **not guarantee** placement in the reading buddies program, and that placement may be based on a lottery system and participant availability.
- I understand that any information about patrons that I may learn is **confidential** and not to be shared, patron privacy is of vital importance for library staff.
- I understand that for my application to be considered complete I will need to submit **three** recommendation letters. If I fail to submit the letters then I will **not be considered** for a spot in the program.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Rolla Public Library may take pictures during the program. These pictures are only used for promotional materials, social media marketing, etc. **If you consent** to your child's photo being taken during the program **please sign below**. Note that not signing does **not** affect your child's possible placement in the reading buddies program.

Photo Release/Consent

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit completed application and recommendation letters to **rmaples@rollapubliclibrary.org** or drop off at the circulation desk in the Rolla Public Library.