



## Volunteer Application

\_\_\_\_\_  
Date

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
ST

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
Home Number

\_\_\_\_\_  
Work Number

\_\_\_\_\_  
Mobile Number

\_\_\_\_\_  
Ext

Employment Information (if applicable)

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Office Number

\_\_\_\_\_  
Ext

### PREFERENCES

*We will try to accommodate special requests, but can't guarantee placement at your school of choice.*

School Preference \_\_\_\_\_

Day(s) of week (circle one):      Monday/Wed.              Tues/Thurs.              Wed./Friday

Time of day (circle one):              12-1 pm    12:15-1:15 pm              1-2 pm              1:15-2:15 pm

**Why do you want to be a Book Buddies tutor?**

**How did you hear about Book Buddies?**

I would like to be a Book Buddies tutor and I can commit to one hour, two days a week during the "school day." I understand that the program runs September through June. I agree to keep all information about the child I am working with confidential. I understand that a criminal background check is required.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please email to [info@SmartBeginningsDP.org](mailto:info@SmartBeginningsDP.org) or to mail to: Smart Beginnings, 133 Robertson Ave., Danville, VA. Thank you! Questions? Call 797-8887**

STAFF USE: Date Rcd. \_\_\_\_\_ Date Approved \_\_\_\_\_ Date Notified \_\_\_\_\_