



Volunteer Enrollment Form 2019-2020

I would like to be a weekly Book Buddy.
 I would like to be a substitute.
 Other _____

Book Buddies is a reading program that is hosted Monday through Thursday.

Name: _____ Date: _____

Address, City ZIP: _____

Phone: Home: _____ Cell: _____ Office: _____

E-mail Address: _____

Place of Employment (grade and school, if student): _____

Emergency Contact: _____ Phone: _____

Educational Background: _____

Current Occupation (previous occupation, if retired): _____

How did you learn of Book Buddies? _____

Please list one non-family reference that we might contact.

Name _____ Phone: _____

Please indicate your school and day preference.

- | | |
|---|---|
| <input type="checkbox"/> Clifty Creek 11:25-12:35 | <input type="checkbox"/> Richards 10:00-11:00 |
| <input type="checkbox"/> CSA- Fodrea 11:20-12:20 | <input type="checkbox"/> Rockcreek 12:00-1:00 |
| <input type="checkbox"/> CSA-Lincoln 12:10-1:10 | <input type="checkbox"/> Schmitt 10:20-11:30 |
| <input type="checkbox"/> Mt. Healthy 11:45-12:50 | <input type="checkbox"/> Smith 11:25-12:25 |
| <input type="checkbox"/> Parkside 11:30-12:30 | <input type="checkbox"/> Southside 11:30-12:30 |
| <input type="checkbox"/> 12:55-1:20 | <input type="checkbox"/> Taylorsville 11:45-12:45 |

Monday Tuesday Wednesday Thursday No Preference

Please return to: Book Buddies (bookbuddies@bcsc.k12.in.us)
Phone: 812-376-4461 FAX: 812-376-4486
BCSC Administration Building, 1200 Central Avenue, Columbus, IN 47201

Revised 8/7/2019

Office Use Only

Training Date: _____

School/Day: _____