

READING BUDDY TEEN APPLICATION

Older Buddies must be in Grades 6-12

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Please complete all sections of the form

Name: \_\_\_\_\_ Male Female

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

City: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Grade \_\_\_\_\_

Name of School: \_\_\_\_\_

Can we text program reminders to your cell phone? Yes / No

If yes, Cell Phone Number: \_\_\_\_\_

Service Provider (Verizon, ATT&T, etc): \_\_\_\_\_

**In case of emergency during Reading Buddies, please contact:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

### **DAYS & TIMES PREFERRED FOR READING PRACTICE:**

**Please fill out the additional "Time Slots" sheet with your availability. Submit this sheet, and the "Time Slots" sheet to the Teen Desk. The greater your availability, the more likely it is that you will be matched.**

I am applying to be a teen reader in the Scranton Library Reading Buddies Program.

I understand that I will commit to meet with a "Little Buddy" for one hour per week at a pre-arranged, mutually convenient time.

I will attend the Reading Buddy training program presented by the Scranton Library Teen Department.

I understand that all the reading practice sessions are to take place on library premises and that I am responsible for transportation to and from the library.

I understand that I must remain in the library during the reading session.

I agree to notify the Reading Buddies Supervisor if I am unable to attend a session

**I have discussed my participation and reviewed the guidelines with my parent / guardian:**

Parent / Guardian: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Please share any additional information that may better help us to place you with a "Little Buddy"

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***The Reading Buddies Program is a project of the Scranton Library Teen Advisory Group (T.A.G.)***

Scranton Library  
801 Boston Post Road, Madison, CT 06371  
23-245-7365 | [www.scrantonlibrary.org/teens](http://www.scrantonlibrary.org/teens)

