



Readers as Leaders Volunteer Form

Name: _____

Phone: (school)_____ (home)_____
(cell)_____ (optional)

Address: _____

Hours available for volunteering: Place a star beside times that you prefer, but list all times available between 8:00am and 6:00pm on weekdays.

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Please list any particular Childcare Center you prefer to volunteer at that are registered with the Readers as Leaders program. List in order of preference, if you have a preference.

1. _____
2. _____
3. _____

Please rank in order the age children you would most like to volunteer with, 1 being your top choice and 3 being your last choice.

_____ 0-1 years _____ 1-3 years _____ 3-5 years

How did you become interested in volunteering with the Readers as Leaders program?