



Volunteer Enrollment Form 2020-2021

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 9:00-10:05	<input type="checkbox"/> Richards 10:00-10:50
<input type="checkbox"/> CSA- Fodrea 11:50-1:00	<input type="checkbox"/> Rockcreek 12:00-1:05
<input type="checkbox"/> CSA-Lincoln 12:20-1:20	<input type="checkbox"/> Schmitt 10:15-10:45 <input type="checkbox"/> 11:00-11:30
<input type="checkbox"/> Mt. Healthy 11:45-12:50	<input type="checkbox"/> Smith 11:30-12:50
<input type="checkbox"/> Parkside 11:30-12:30 <input type="checkbox"/> 12:55-1:20	<input type="checkbox"/> Southside 12:10-12:40 <input type="checkbox"/> 1:05-1:35
	<input type="checkbox"/> Taylorsville 11:45-12:45

Monday Tuesday Wednesday Thursday No Preference

Office Use Only

Training Date:

School/Day:

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 9/14/2020