

BookReach Volunteer Application



BOOKREACH
VOLUNTEER READING PROGRAM

200 Lisbon Street, Lewiston, ME 04240
207 - 513 - 3004 x3515
www.lplonline.org/kids
www.auburn.lib.me.us/bookreach.html

A joint program of the Lewiston and Auburn Public Libraries

Date: _____

Name: _____

Address: _____

E-mail address: _____

Phone: _____ (h) _____ (w) Occupation: _____

Date of Birth: _____

Emergency Information:

Contact Person: _____

Address: _____

Phone: (h) _____ (w) _____

BookReach volunteers are responsible for transportation to the Lewiston Public Library or the Auburn Public Library to pick up and drop off bags of books for the storytimes. Are you able to meet these requirements? Y N

Will you require a laptop to borrow from the Lewiston Public Library to participate in this program? Y N

Availability: Are you available regularly each week? Y N As an on-call substitute reader? Y N

What days and times are best for you? Mon ____ - ____ / ____
am (preferred) pm Tues ____ - ____ / ____
am (preferred) pm
Wed ____ - ____ / ____ Thurs ____ - ____ / ____
am (preferred) pm am (preferred) pm Fri ____ - ____ / ____
am (preferred) pm

Are you available year round? Y N If no, please explain _____

Are you participating in an employer release-time program? Y N If yes, please give name, address and phone number of employer: _____

Please describe any volunteer activities in which you have been involved and which you have enjoyed:

Special hobbies, interests and talents: _____

How did you learn of the **BookReach** program? _____

If you do not wish to be a volunteer reader, but would like to be involved with the **BookReach** program in other ways, please indicate your interests here: _____

BookReach has my permission to use my picture, photographed during my volunteer services, for public relations purposes:

Signature: _____

* Please note that all **BookReach** volunteers will have a State Bureau of Identification public records background check done, and are asked to give permission for a Department of Health and Human Services background check. Are you willing to give permission for that check? Y N

Applicant's Signature: _____ Date: _____