



200 Lisbon St, Lewiston ME 04240

207 - 513 - 3004 x3515

<https://lplonline.org/events-programs/bookreach>

<https://www.auburnpubliclibrary.org/about/bookreach>

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A joint program of the Lewiston and Auburn Public Libraries

Program Volunteer Application

Date: _____

Name: _____

Address: _____

Email Address: _____

Primary Phone: _____ Work Phone: _____

Occupation: _____

Date of Birth: _____

Emergency Information:

Contact Person: _____

Address: _____

Phone: (h) _____ (w) _____

Transportation:

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 Storytime.

Are you able to meet these requirements? Yes No

Availability:

Volunteers must adhere to a weekly schedule for Storytime so the center can know when to expect you and plan their day around it.

Are you available regularly each week? Yes No

Would you be interested and able to be an on-call substitute reader? Yes No

What days and times are best for you? Please indicate all times of availability (AM preferred):

Mon ____ / ____ Tues ____ / ____ Wed ____ / ____ Thurs ____ / ____ Fri ____ / ____
am pm am pm am pm am pm am pm

Are you available year round? Yes No If no, please explain _____

Are you participating in an employer release-time program? Yes No

If yes, please give name, address and phone number of employer:

About You:

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

Special hobbies, interests and talents: _____

Where did you hear 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, provided by you and/or photographed during my volunteer services, for public relations purposes. Yes No

**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 these background checks? Yes No

Applicant's Signature: _____ Date: _____

Please feel free to reach out with any questions you have about this literacy program and e-mail your completed form to bookreach@lewistonmaine.gov OR drop it off at the Lewiston / Auburn Public Library with the coordinator as the attention.

With gratitude,

Nicole Leavitt
BookReach Coordinator
(207) 513-3004 x3515
bookreach@lewistonmaine.gov



BookReach is an early childhood literacy program of the Lewiston and Auburn Public Libraries

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