

Ready Readers

VOLUNTEER APPLICATION

Thank you for your interest in *Ready Readers*. We may provide your contact information to the preschool where you will be reading. We may also use this information to check your background and for internal purposes. You may send your application to us by email, fax or mail.

Ready Readers
1974 Innerbelt Business Center Dr, St. Louis, MO 63114
314-825-8751, Fax: 314-564-8071
e-mail: Diane@readyreaders-stlouis.com

Date _____

First name _____ M. I. _____ Last Name _____ Nick name? _____

E-Mail Address (please **print**) _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Cell Phone () _____

Work Phone () _____ Date of Birth _____

Employer: _____

Position or profession: _____

Have you ever been convicted of a crime or pled guilty to a crime? _____

Hobbies/Interests: _____

High School Grad/GED? _____ Other Degree? _____

Why would you like to become a Ready Reader? _____

How did you learn about Ready Readers? _____

Your Availability:

Tell us all of the possible times that you are available Monday-Friday. The starting time should be the time you can be **at** the school. The ending time should be the time you must leave the school to get back to wherever you are coming from. For example, if you say "Monday from 9 to 11," that would mean you could be there by 9 and you would need to be gone by 11. Please give us as many days and time options as possible. In addition, please tell us where you will be traveling from to help us determine which of our available sites would be the best reading location for you.

Day(s)	Time span	Traveling from Home: <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	Other (provide address): _____

Day(s)	Time span	Traveling from Home: <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	Other (provide address): _____

Day(s)	Time span	Traveling from Home: <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	Other (provide address): _____

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