

Note: Volunteers will have to submit to a criminal history check before participating in any Omosaze programs

Personal Information

Prefix: Mr. Mrs. Ms. Miss Suffix: Jr. Sr. Other: _____

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Email Address: _____

Work Phone: _____ Mobile Phone: _____

Emergency Contact: _____ Phone: _____

Birthdate: _____ Have you ever been convicted of a crime? _____

How did you hear about Reading Saturday? _____

Volunteer Information

I am volunteering as an individual, with a minimum commitment of 9 Saturdays

I am volunteering as part of a group.

Group Name: _____

Group Contact: _____ Phone: _____

Education & Experience

What is the highest level of education you have completed?

Junior High High School College Advanced Degree

If you are a current student, what school do you currently attend? _____

Have you ever mentored students in reading? If so, when? _____

Please rate your skill level in reading on a scale of 1-5, with 5 being the best

1 2 3 4 5

Please rate your skill level in spelling on a scale of 1-5, with 5 being the best

1 2 3 4 5

Please list any language(s) that you speak besides English: _____

Applicant's Signature: _____ Date: _____

