

**MATH BUDDIES APPLICATION 2011
MIDDLE COUNTRY PUBLIC LIBRARY**

Date: _____

Name: _____

Address: _____

City: _____ Zip Code: _____ Phone: _____

Name of School: _____ Grade: _____

1. Extracurricular activities, special interest or skills:

2. How did you hear about Math Buddies? _____

Reasons for volunteering: _____

3. Have you done previous volunteer work? Yes ___ No ___

Organization _____

Duties _____

4. Have you had experience working with children? Yes ___ No ___

Please list _____

5. What are your favorite subject(s) in school? _____

6. If you speak or read another language, please list:

7. Person to call in an emergency:

Name: _____ Relationship: _____

Phone: _____

8. Reference (To be filled out by teacher or employer)

Name: _____ Occupation: _____

Comments: _____

I understand that the Math Buddies program can require up to a two-week commitment, two hours per week, and that I must arrive on time in order to go over the instructions for the project/s for that day. I must attend two sessions of training in order to participate in Math Buddies.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Date Application Received: _____ Librarian's Initials: _____

Please return this application to any reference desk by Monday, December 19, 2011, Attn: Kristine Sabia, Youth Services Librarian. Applicants will be called in for an interview as part of the screening process before they are accepted into the training program.