

**BROOKLYN PUBLIC LIBRARY
SUMMER BOOK BUDDY APPLICATION 2008**

Name _____ Male ___ Female ___

Address _____

Zip Code _____ Phone Number _____ Age _____

Grade and School in September _____

When are you available to be interviewed? _____

Days and hours available to work as a Summer Book Buddy _____

If needed please use other side to answer the following questions:

1. What Library programs would you like to help with?

___ read aloud to children ___ arts & crafts ___ computers ___ book displays
other _____

2. What do you like to do that you can show others how to do?

3. As a Summer Book Buddy what would you like to learn to do?

4. How did you hear about this Program? ___ School ___ Friends ___ Family ___ At the library

5. Have you ever worked for Brooklyn Public Library? Yes ___ No ___
If yes, where did you work?

6. Were you ever a Book Buddy at the Brooklyn Public Library? Yes ___ No ___
If yes, which Library and when?

7. If you weren't a Book Buddy have you ever worked with children? ___ yes ___ no
If yes, where & what did you do?

Parent/Caregiver Name
(please print) _____

Parent/Caregiver Signature _____

Emergency Contact Information

Person to contact (name, relationship & phone number)

For more information contact:

LIBRARY LOCATION _____

**SUMMER BOOK BUDDY
MENTOR** _____

PHONE NUMBER _____