



Mission
Literacy
in Motion



Deviens bénévole avec le Reading Buddies Program!
French Reading Buddy Application
Little Buddy Grade 1- 6

Date: _____

How did you hear about us?

Friend: ____ Newspaper: ____ School: ____ Social Media: ____ Other: _____

Child's Name: _____

Birthdate: _____ Age: _____ Grade: _____

School: _____

Is your child struggling with French reading? Y / N

Address: _____ Postal Code: _____

Parent Phone: _____

Parent Email: _____

Emergency Contact Name: _____ Phone: _____

Please indicate how many times you could meet with a Big Buddy. The greater your availability, the more likely you will be matched with a Buddy.

	Monday	Tuesday	Wednesday	Thursday	Friday
3:30-4:30					
4:00-5:00					
4:30-5:30					FVRL Closed
5:00-6:00					FVRL Closed
5:30-6:30					FVRL Closed
6:00-7:00					FVRL Closed
6:30-7:30					FVRL Closed
7:00-8:00					FVRL Closed
Saturday	between 10 a.m - 4:00 p.m				
Sunday	between 1:00 p.m- 4:00 p.m				

Photo Release:

I give the Reading Buddies Program permission to use photos of me participating in the program for promotional purposes. Yes: ____ No: ____

