



Big Buddy Application Teens and Adults age 13+ (18+ require criminal record check)

Date: _____

Name: _____

Email Address: _____

Birthdate: _____ Age: _____ Grade: _____

School/Grade (If applicable): _____

Emergency Contact Name: _____ Phone: _____

Please indicate as many times you ARE available to meet with a Little Buddy. The more availability you have, the more likely you are to 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				

Once your application is collected, you will receive an email with further information. If you have any questions, please email readingbuddyinmission@gmail.com