Book Buddies: Tutor Sign-Up Form

Please submit by Friday, June 4th

- 1. Name:_____
- 2. Grade entering in the fall:_____
- 3. Which session will you be attending?
 - ____Mondays at Pemberville, 10-11:30 AM (June 14 July 19)
 - ____Mondays at Pemberville, 1-2:30 PM (June 14 July 19)
 - ____Tuesdays at Luckey, 10-11:30 AM (June 15 July 20)
 - ____Tuesdays at Luckey, 1-2:30 PM (June 15 July 20)
 - ____Wednesdays at Stony Ridge, 10-11:30 AM (June 16 July 21)
 - ____Wednesdays at Stony Ridge, 6-7:30 PM (June 16 July 21)
 - ____Thursdays at Pemberville, 1-2:30 PM (June 17 July 22)
 - ____Thursdays at Pemberville, 6-7:30 PM (June 17-July 22)
- 4. Are there any days you will not be able to attend?

In order to ensure that there are an equal number of buddies and tutors at each session, sometimes it is necessary to request that participants attend a session other than the one they originally selected. Are there any other sessions your child would be able to attend if needed?

- 5. Phone Number:_____
- 6. Email address:
- 7. What is the best way to contact you?_____

(Continued on back)

8. Have you been a Book Buddies tutor in the past?

Yes No

- 9. If you have not attended a tutor training meeting in the past, please plan to attend one of the following informational meetings. *Please note: Attending one of these meetings is required for all new tutors.
 - ____ Monday, June 7 at 10 AM (Pemberville Public Library)
 - ____ Monday, June 7 at 11 AM (Pemberville Public Library)
 - ____ Tuesday, June 8 at 1 PM (Luckey Branch Library)
 - ____ Tuesday, June 8 at 2 PM (Luckey Branch Library)

10. Do you have any allergies or health issues that I should be aware of?

11. Who should be contacted in case of emergency?

- a. Name:_____ Phone:_____
- b. Name:_____ Phone:_____

Please check this box if you will permit your child to be photographed during the program.

This year, all participants will be required to wear masks, maintain appropriate social distance, and follow other safety guidelines. Please check this box to indicate that you agree to comply with all safety measures.

I give______permission to participate in the Book Buddies program at Pemberville, Luckey, or Stony Ridge Library

Parent/Guardian Signature:_____

Date:_____