



Rolling Readers USA Volunteer Application

For Office Use Only

Site Name: _____ Training Date: _____

Volunteer Applicant Information

Name: _____ Gender: F M

Address: _____

Phone: Home (____) _____ Work (____) _____ Email: _____

Employer: _____ Dates: _____

References (Please do not list any family members or other applicants):

1). _____
Name Relationship Phone Number

2). _____
Name Relationship Phone Number

Community Involvement:

Organization	Responsibilities	Dates
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Organization	Responsibilities	Dates
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I first learned about Rolling Readers from: _____

Languages spoken: _____

I prefer to volunteer in the following neighborhoods: _____

I prefer to volunteer with the following age groups: _____

Signature: _____ Date: _____

All information provided on this form is confidential and will be used only by Rolling Readers USA, Inc. to determine volunteer eligibility. A criminal background check may be required and made through the local school/site and police department.