

Radio Reading Service Volunteer Reader Application

Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell: _____

Birthday Month: _____ Day: _____

Email: _____

Which is the best method to contact you (*Home, Cell, or Email*)? _____

Availability

	Monday	Tuesday	Wednesday	Thursday	Friday
8:30am – 11 am					
10 AM – 12 PM or 10:30 AM-1 PM (varies on the day)					
2:30 pm – 4 pm		N/A		N/A	

Can your name be added to the on call email/phone list when another volunteer cannot make it in? ____ YES ____ NO

Are you interested in volunteering during Fund Drives? ____ YES ____ NO

Thank you for taking the time to complete this application!