

# DeSoto Reading Friends



Participation Application

Name: Last \_\_\_\_\_ First \_\_\_\_\_

Position:

Reading mentor (adult, high school student) \_\_\_\_\_

Young reading friend \_\_\_\_\_

Reading Friend organizing helper \_\_\_\_\_

Reading Friend donor \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

Preferred day:

Tuesday

Wednesday

Thursday

Friday

Preferred time of day:

3:30pm

4:30pm

Parents of young reading friends additional information:

Parent name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

Thank you for your response. We will be in touch as quickly as we can pair you with a Reading Friend.

Date: \_\_\_\_\_

Please return completed application to the Library or email to [desotolibrary@myhlc.org](mailto:desotolibrary@myhlc.org)