

# Literacy Buddy Application

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business/Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

How did you hear about Literacy Buddies? \_\_\_\_\_

Would you like more than one Buddy?  Yes  No How many? \_\_\_\_\_

Would you like an orientation session?  Yes (  By Phone  Email  No)

**By completing this application, I agree to receive letters from a child, or class, in an early learning facility/elementary classroom, served through a program affiliated with Charlotte County Reads! In turn, I will send a response letter to this child. He/She will indicate a specific book/area of interest, which either I can provide as a donation, or one will be selected by the Coalition. This exchange will take place 3 times over the course of the school/calendar year. Correspondence will include the child's and adult's first names only, and be sent to the Literacy Advocate. Subjects of a personal nature will be omitted. Or, after being screened at the ELCFH, I agree to read to a child in a designated classroom, during teacher selected times.**

**I'm willing to write letters to an individual 3x during the course of the school year.  Yes**

**I would be interested in writing a letter to a classroom (children dictate as a group.)  Yes**

**I'd like to be screened so that I can read to a child in a preschool or pre-k classroom.  Yes**

**I do not wish to be a Buddy, but I would like to donate a new/gently used book(s).  Yes**

**(By signing below, I agree to one, or more, of the above selected options.)**

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

Please email completed application to:

Carol Hopkins, Literacy Advocate, at [chopkins@elcfh.org](mailto:chopkins@elcfh.org)

Or send to: Early Learning Coalition of Florida's Heartland

2886 Tamiami Tr., Suite 1 Port Charlotte, FL 33952

Phone# 941.255.1650 x 135 [www.elcfh.org](http://www.elcfh.org)

