



READ WITH ME! Volunteer Questionnaire

1. Name: _____
2. Address: _____ City _____ Zip _____
3. Phone: _____ E-mail _____
4. What day(s) are you available to volunteer? _____
5. What time are you available on the day you wish to volunteer? (circle choice)
8:30-10:30 9:00-11:00 10:15-12:15 12:00-2:00 2:00-4:00 after school program
6. Returning volunteers – would you like to stay with same school? _____ Teacher? (name) _____
7. Would you like to work in more than one classroom? _____
8. What grade level or age do you prefer to work with? _____
9. Are you comfortable working one on one? _____ 10. Are you comfortable working in small groups? _____
11. Do you have any special needs? _____

Comments: _____

It is our goal to match volunteers with compatible schools. Some may ask you to participate in activities other than reading, such as helping students with writing and classroom projects. Teachers will work closely with you and be present in the classroom when you are there.

One very important aspect of this program is consistency. The children grow to expect you to be there. Often your presence becomes the highlight of their day. If you are unable to make your scheduled time, please call the school to let them know. The program does not run every week due to school breaks, minimum days, and other scheduled activities.

Signature: _____ Date: _____

The schools and teachers are very appreciative to have your support, assistance and time working with their students. If for any reason, you are not comfortable or have any concerns, please inform the teacher you are working with, the lead READ WITH ME! volunteer or myself. It is important to us, that you are happy with your assignment.

You may contact me at (661) 414-4465 or aunger@scveducationfoundation.org
Ann Unger
SCV Education Foundation READ WITH ME! Program.

Mail this form to: SCV Education Foundation, PO Box 221295, Newhall, CA 91322
Or fax to: 661-297-4183. It may also be scanned and e-mailed to the above address.