

Cops 'n' Kids Children's Literacy Program
VOLUNTEER APPLICATION

Your completed application may be submitted by e-mail to lvcops-n-kids@att.net or mail to:
Beverly Bradley
P.O. Box 1906, Bethlehem PA 18016-1906

NAME _____

ADDRESS _____

PHONE (H) _____ (W) _____ May we contact you at work? _____

EMAIL _____ BIRTHDAY (month/day) _____

EMERGENCY CONTACT _____ PHONE _____

Please list any special training, educational or occupational background, hobbies or previous volunteer experiences that may apply to this volunteer position.

Please check the volunteer activities you are most interested in:

- | | |
|---|---|
| <input type="checkbox"/> Staffing reading room | <input type="checkbox"/> Reading/storytelling in reading room |
| <input type="checkbox"/> Book labeling/sorting/storing | <input type="checkbox"/> Reading/storytelling in classrooms |
| <input type="checkbox"/> Book drives and/or book distribution | <input type="checkbox"/> Community engagement/events |

When are you available for volunteering?

- Weekdays ___am ___pm Weekends ___am ___pm

List days available _____

Have you ever been convicted of a criminal offense? Yes No

Do you have a current PA Child Abuse/ Criminal Background Clearance? Yes No

Please list two references we may contact:

NAME _____

ADDRESS _____ PHONE _____

NAME _____

ADDRESS _____ PHONE _____

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

If the applicant is under 18, a parent or guardian's signature is also needed. Thank you.