



READINGPALS VOLUNTEER REGISTRATION/CONTRACT

Please return by email to ReadingPals@unitedwsv.org (screen shots accepted)

Thank you for your interest in United Way of Suwannee Valley's ReadingPals Initiative. We are currently seeking volunteers for the upcoming school year. ReadingPals is a statewide early literacy initiative that provides volunteer mentors for students in Pre-K or Kindergarten who may need extra help, utilizing one-on-one or small group settings. ReadingPals offers volunteers an opportunity to build meaningful relationships with young children in Florida, while helping them improve their social-emotional development and early literacy skills. ReadingPals is managed by The Children's Movement of Florida and administered through 17 United Ways. Please complete this short application, and we will be in touch soon.

United Way ReadingPals Volunteers:

- Attend volunteer training to prepare for working with a student
- Pass a background screening through the school system
- Visit assigned students 1 hour a week (30 minutes for each student) for 25-32 weeks
- Tutor the student in reading in the school setting with the provided reading curriculum materials
- Enjoy instilling the love of reading in children

Name: _____ Today's Date: _____
(First) (MI) (Last)

Address: _____
(Number) (Street) (City) (State) (Zip)

Phone number: _____

Email Address: _____

(Circle one) Retired Working Student

What days are you available to volunteer each week?

(Check)

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday

What times are you available to volunteer?

- ☐ Mornings
- ☐ Afternoons

Where would you like to volunteer?

Columbia County

- ☐ Eastside
- ☐ Columbia City
- ☐ Pinemount
- ☐ Summers
- ☐ Westside
- ☐ Niblack

Suwannee County

- ☐ Branford Elementary
- ☐ Suwannee Riverside

Hamilton County

- ☐ Hamilton Elementary

* Pending District background check approval

ReadingPals was designed by and is currently managed by The Children's Movement of Florida – a nonprofit, nonpartisan movement of Floridians advocating for high-quality early learning opportunities, access to children's health care, and parent support programs. Through your volunteer experience, you will see firsthand the importance of high-quality early education and why The Movement wants to give our youngest Floridians a strong start. Unless you "opt out", you will receive updates directly from The Movement on statewide ReadingPals efforts and what is happening in the area of early education in Florida.

☐ I do not wish to receive communications from The Children's Movement



UNITED WAY OF SUWANNEE VALLEY, INC

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386-752-5604

PHOTO/VIDEO RELEASE FORM

The undersigned **individual** agrees to and **hereby** releases the photograph(s)/Video(s) taken by the United Way of Suwannee Valley, Inc. **and its** photographer/videographer. The **undersigned** acknowledges these **photos/videos may** be used on the United Way of Suwannee Valley, Inc. Web Pages and possibly in the campaign newsletters, news articles, etc. and agrees to the following.

I hereby waive any right I may have to inspect or approve the finished product or products and the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

I hereby release, discharge and agree to **hold** harmless United Way of Suwannee Valley, Inc. **and its** photographer/videographer, his/her heirs, legal representatives and assigns, and all persons acting under his/her permission or authority or those for whom he/she is acting, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.

I hereby warrant that I am of full age and have the right to contract in my own name. I have read the above authorization, release, and agreement, prior to its execution, and I am fully familiar with the contents thereof. This release shall be binding upon me and my heirs, legal representatives, and assigns.

DATE

NAME

WITNESS

PHOTOGRAPHER

WITNESS ADDRESS