



THE VOLUNTEER CENTER  
of BROWN COUNTY

# Reading Coaches for Kids



## Registration Form

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

Name: \_\_\_\_\_ Female Male

Have you ever been known by another name(s): \_\_\_\_\_

Address: \_\_\_\_\_ WI \_\_\_\_\_  
*Street Apt. No. City Zip Code*

Email: \_\_\_\_\_ Home/cell phone: \_\_\_\_\_

I prefer to be contacted by: email phone

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of employment: \_\_\_\_\_

Work phone: \_\_\_\_\_ May we call you at work? Yes No

*This information is collected for reporting purposes. It is optional and will not be shared or considered when determining placements.*

- Ethnic group:  African American  Caucasian  
 Native American/Alaskan Native  Asian, Pacific Islander  
 Hispanic  Other \_\_\_\_\_

What days of the week are you available?  Monday  Tuesday  Wednesday  Thursday  Friday

What time of the day do you prefer?  Morning  Afternoon

Activities restricted due to health? \_\_\_\_\_

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

If yes, please explain:

Volunteer experience:

Work experience:

Are you a veteran? Yes No Are you a military family member? Yes No

How did you learn about the Reading Coaches for Kids program?

**Emergency contact:**

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

Address: \_\_\_\_\_ WI \_\_\_\_\_  
*Street Apt. No. City Zip Code*

Phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

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By signing below, I give my permission to Reading Coaches for Kids to use my name and/or picture in news stories, newsletters, news releases, social media, etc., to help promote the program. I also authorize the release of my name and applicable information to any agency where I may volunteer, and all information is accurate.

\_\_\_\_\_  
*Signature of Volunteer Date*

**For office use only**

Training date: \_\_\_\_\_ First date of assignment: \_\_\_\_\_