



2016-2017
APPLICATION

TO BECOME A LITERACY BUDDY

Name _____

Street _____

City _____ State _____ Zip Code _____

Telephone Number _____ Cell Number _____

*** *Email* _____

Alternative Address: _____

Dates for alternative address in use _____ Organization _____

*** *How many buddies would you like?* _____

*** *Specific Facility/School Requests?* _____

How did you hear about the program? _____

I am interested in additional volunteer opportunities:

Classroom Book Reading Letter Writing Classroom Library Donations

Classroom Material Donations Spanish Mentoring. Other _____

By filling out this application, I agree to receive letters from a child in an early learning facility served by the Early Learning Coalition. I will in turn send a letter and a high quality book to this child in response to the child's letter. This exchange may take place three times over the course of the year- from mid-fall to spring. In the letter that I receive, the child will either indicate a specific book or a type of book that he or she would like to receive. *NOTE: Correspondence will include the child's first name and last initial only and be addressed through the classroom teacher.*

SIGNED: _____ DATE: _____

Return to: Early Learning Coalition *Literacy Buddy Project*
The Early Learning Coalition of Southwest Florida
2675 Winkler Avenue, Suite 300
Fort Myers, Florida 33901

Brooke Potts

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Literacy Buddy Program



“There is no substitute for books in the life of a child.”

Mary Ellen Chase

What is a Literacy Buddy?

A caring volunteer who:

1. Agrees to receive letters from a child, age 3 or 4.
2. Purchases a book for the child based on his/her interest and writes the child a letter. These are mailed to the child at his/her child care center.
3. This exchange takes place 3 times a year.

For many of our children, a book from a Literacy Buddy is the first book they have ever owned.