



7700 Southland Blvd Suite 100, Orlando, FL 32809

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www.elcoc.org

**Book Buddies Application
Program Launch August 2018**

Name: _____
(First) (Middle) (Last)

Address: _____

(City) (State) (Zip)

Phone (Cell): _____ (Home): _____

Email: _____

Employer/School/Organization: _____

Book Buddy (Check one):

- Individual Family

Preferred method of communication (Check one):

- Text Phone Email

By completing this application completing this application

- I will review the PDF orientation requested for all book buddies participants. A face to face orientation can be requested by a book buddy
- I agree to receive letters from a child in an early learning program served by the Early Learning Coalition of Orange County. In the letter that I receive, the child may indicate a specific book or type of book that he or she would like to receive.
- I will in turn send a letter and a high-quality book to this child in response to the child's letter.
- I will complete this exchange three times over the course of a year.
- I will adhere to the ELCOC policies that **all correspondence will be through the Early Learning Coalition** and will include the child's first name only. The adult buddy will be identified as Mr./Ms./Mrs. (First Name) or the (Family Name) only.

Signed: _____

Date: _____

Return to: Book Buddies
Early Learning Coalition of Orange County
Attention: Jerry Brady
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