



Book Buddy Application 2019 – 2020 School Year

Name: _____
(Preferred First) (Last)

Address: _____

(City) (State) (Zip)

Phone #: _____ Email: _____

Parent or Guardian Email (if under 18 years of age): _____

Employer/School/Organization: _____

How did you hear about Book Buddy? _____

By completing this application, I agree to:

- Participate in a 30-minute online orientation.
- Receive “letters” from a child in an early learning program served by the Early Learning Coalition of Orange County.
- Order a book based on the child’s “letter” and write a response note through an online portal.
- Complete this exchange three times over the course of the school year.
- Be alert to important emails regarding Book Buddy throughout the program.
- 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 Volunteer Book Buddy will be identified by their first name or family name only.

Volunteer Signature: _____

Parent Signature (if under 18 years of age): _____

Date: _____

Please return to:
Early Learning Coalition of Orange County
Attention: Book Buddy
7700 Southland Blvd. Suite 100, Orlando, FL 32809
Phone: (407) 841-6607 | Fax: (407) 809-5595
Email: bookbuddy@elcoc.org

