

BookBuddiesOnLine

(BBOL)



Read to Succeed

**BookBuddiesOnLine is the Community Service
Literacy Project of Emerson Academy Naples
emersonacademynaples.org**

BBOL High School Student Reading Buddy Application Form for Bright Futures Community Service Hours

High school students who are interested in becoming BBOL Reading Buddies should review the requirements for this project by checking out the BBOL information at www.EmersonAcademyNaples.org. **BBOL Applicants may email a pdf copy of the completed application form to info@EmersonAcademyNaples.org or send a copy by mail to:**
EAN, 263 Perignon Place, Naples, FL 34119

STUDENT INFORMATION

PLEASE PRINT CLEARLY BY HAND

Last Name _____	First Name _____	Middle Initial _____
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Home address: _____

Cell Phone: _____ Email: _____

Language(s) spoken at home: _____

Student High School ID: _____ Current Grade: 10 _____ 11 _____ 12 _____

High School: _____

GPA: weighted: _____ unweighted: _____ Date: _____

Academic Reference: _____

School Counselor Name: _____

STATEMENT OF BBOL READING BUDDY

- I bring a passion for education and a personal desire to help many capable students whose potential for success may go undeveloped because they did not master basic reading skills.
- As a public high school student with demonstrated academic achievement, I believe that I am well qualified to be an Emerson Academy Naples – BBOL Reading Buddy.
- I have allocated at least one hour per week to the BBOL project and will be able to work with the grade school student's parent to arrange reading sessions at mutually convenient times.
- BBOL will match me with a student whose parent(s) will have enrolled their grade school student in the BBOL program. After receiving training sessions, Emerson Academy Naples/BBOL and I will arrange to meet the grade school student and parent(s) online.

Student commitment to this community service project

I, _____ agree to work diligently to advance the Mission
Student Name
of BBOL as a Reading Buddy.

Signature: _____

Date: _____

PARENT/GUARDIAN PERMISSION:

Parent/Guardian(s) of BBOL Applicant: **Print** _____

Signature(s) _____

Date: _____

Parent's Phone: home: _____

cell: _____

work: _____

Parent's email address: _____

Parental Permission to use Online Educational Social Media, Consent, and Photo-Video-Media Release

BBOL will use educational social media, such as Zoom Meeting and Webex as an online learning technology platform. BBOL believes that such an online resource provides a free and secure learning network for Reading Coaches, teachers, and students. Further information on BBOL's intended use of and purpose for online educational social media is generally the same as that described in the current version of the Collier County Public Schools Photo-Video-Media Form. For your child to volunteer as a BBOL Reading Buddy, it is necessary for the parent or guardian to consent to your child's establishing a Zoom or equivalent social media account on your child's computer. Your PERMISSION is indicated below.

Parent/Guardian initials: _____

Date: _____

I further CONSENT to having my child interviewed, photographed, recorded on audio tape or videotaped as part of volunteering as a BBOL Reading Buddy. I fully acknowledge that the photo or video of my child may appear in print publications, on television, in a video or on the internet. The photo or video of my child may also be used for instructional purposes and/or for public information. I understand that my child, the high school student named above, may be depicted and/or identified by one or more of the media. I agree that BBOL shall have the right, but not obligation, to use my child's photograph, recording or likeness (including sketch), for their website at any time and for any other purpose or materials the organization deems necessary. My child's name may be used in connection with photographs relating to Emerson Academy Naples and BBOL's education programs.

CONSENT by Parent/Guardian initials: _____

I RELEASE Emerson Academy, Inc. Emerson Academy Naples, BBOL and their agents, or employees from any and all responsibility or liability of any nature, including claims of injury, illness, death, loss or damage arising from my child's participation as a BBOL Reading Buddy and the related use of interviews, photographs, videotapes, sound recordings or other images either of my child or created by child or others.

RELEASE by Parent/Guardian initials: _____

By Signing Below, I agree that I have read and understand the parent/guardian Permission, Consent and Release.

Signature of Parent/Guardian

Date: _____

Print name clearly

This Section is to be Completed by the BBOL Reading Buddy's Guidance Counselor

To qualify this high school student to earn Community Service hours for Bright Futures, this Application Form requires Guidance Counselor approval as follows.

Guidance Counselor Signature: _____

Date: _____

High School: _____

Print Guidance Counselor Name: _____

Guidance Counselor email: _____

Guidance Counselor Phone: _____

Approved: ____ Not Approved: ____