



*Cops 'n' Kids Children's Literacy Program*

**VOLUNTEER APPLICATION**

Your completed application may be submitted by e-mail to [copsnkidseaston@gmail.com](mailto:copsnkidseaston@gmail.com) or mail to:

**Judith Dickerson**  
Easton Police Headquarters, 48 North Fourth Street, Easton, PA 18042

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_ May we contact you at work? \_\_\_\_\_

EMAIL \_\_\_\_\_ BIRTHDAY (month/day) \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

*Please list any special training, educational or occupational background, hobbies or previous experience that may apply to this volunteer position.*

\_\_\_\_\_  
\_\_\_\_\_

*Please check the volunteer activities you are most interested in:*

- |   |   |
|---|---|
| <input type="checkbox"/> Staffing reading room                | <input type="checkbox"/> Reading/storytelling in reading room |
| <input type="checkbox"/> Book labeling/sorting/storing        | <input type="checkbox"/> Reading/storytelling in classrooms   |
| <input type="checkbox"/> Book drives and/or book distribution | <input type="checkbox"/> Community engagement/events          |

*When are you available for volunteering?*

- |   |   |
|---|---|
| <input type="checkbox"/> Weekdays ___am ___pm | <input type="checkbox"/> Weekends ___am ___pm |
|---|---|

List days available \_\_\_\_\_

Have you ever been convicted of a criminal offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a current PA Child Abuse/ Criminal Background Clearance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*Please list two references we may contact:*

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

Applicant Signature \_\_\_\_\_ DATE \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ DATE \_\_\_\_\_

*If the applicant is under 18, a parent or guardian's signature is also needed. THANK YOU.*