



READING EXPLORERS

Discover the world of reading!

Reading Coach Information Form

Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Reading Coach Agreement

1. I agree to volunteer in the Reading Explorers Program for one school year.
2. I will always follow all guidelines in this Orientation Guide.
3. I will meet with my designated students one hour per week and will follow the prescribed session outline.
4. I will make every effort to avoid scheduling conflicts, but should a scheduling conflict occur, I will notify the appropriate contact.
5. I understand that activities with students outside school premises or school functions are strongly discouraged and are not considered part of the program.
6. I am not required to register pursuant to either the Oklahoma Sex Offenders Registration Act or the Mary Rippey Violent Crime Offenders Registration Act.

By signing this, I signify that I understand and agree to follow the above guidelines while participating in the Reading Explorers Program.

Please print your name clearly

Signature

Date