Application for
Study Buddies 2014-2015

Do you like helping people? Are you patient, responsible and good at explaining things to younger kids? Then you should apply to be part of PJ Teen Study Buddies! We are looking for a few excellent High School students to help staff our Study Buddies Program!

NAME: ____________________________________________

PHONE: __________________________________________

ADDRESS: ___________________________________________________________________________

EMAIL: ____________________________________________

GRADE: _______ (7th-12th grade students)

Please have a parent/guardian sign below.

________________________________________ has my permission to participate in the Port Jefferson Free Library’s Study Buddies Program. S/he has reliable transportation to and from the library for training and scheduled program days during the Fall/Winter 2014-2015.

Parent/guardian name: __________________________________________________________________

Phone: _________________________

____________________________________________________________________________________

Signature Date

What is your favorite subject in school? _____________________________________________________

What extracurricular activities do you enjoy? _________________________________________________

____________________________________________________________________________________

Besides Study Buddies, what other commitments will you have? _________________________________

____________________________________________________________________________________

Please list any experience you’ve had with young people? (grades K-5) ____________________________

____________________________________________________________________________________

____________________________________________________________________________________

With what subjects are you most comfortable? (Please circle)

English/writing Math Social Studies Science

Why do you want to be a Study Buddy? _____________________________________________________

____________________________________________________________________________________

How did you hear about the program? _____________________________________________________

Your availability: _______________________________________________________________________

*You are REQUIRED to attend the training on Wednesday, October 1, 2014 at 5:30 PM. We will meet at the Port Jefferson Teen Center.*

Please Return Application to the Port Jefferson Teen Center NO LATER than September 26, 2014:

Port Jefferson Free Library Teen Center
150 East Main Street Port Jefferson, NY 11777
631-509-5707 www.pjteen.org
Teacher Recommendation Form

Student Name: ____________________________ Grade: __________
Teacher Name: __________________________________________________________________________
School: ___________________________________ Subject: __________________________
How do you know this student? ____________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

We are looking for mature, positive and reliable students to provide basic homework help to students in grades K-5. Students do not necessarily need to have a perfect grade point average.

Would you recommend this student for the Study Buddy Program at the Library?

_____ Yes   _____ No

Why or why not? (Feel free to explain further if necessary.)
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

_______________________________                 ________________________
Signature        Date