



Volunteer Application

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Alternate #: _____

E-mail Address: _____

Date of Birth: _____

Driver's License #: _____ State: _____

Social Security #: _____

I hereby understand that Come Read With Me, Inc. will verify the information given on this application and hereby authorize any law enforcement agency or background screening agency to furnish Come Read With Me, Inc. or its agent information related to my criminal history. I hereby release Come Read With Me, Inc. and all its agents and employees, the law enforcement agency, and all employees of law enforcement agencies furnishing information from all liability resulting.

Signature: _____ Date: _____

Please print application, fill out, and mail to:
Come Read With Me, Inc. P.O. Box 270262, Tampa, FL 33688

*****PLEASE ATTACH VALID PHOTO ID or COPY OF DRIVER'S LICENSE*****