



AMERICA  
READS

# COORDINATOR APPLICATION

Term \_\_\_\_\_

Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
street address

\_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ )  
city state zip

Social Security Number: \_\_\_\_\_ Class Year: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ PO Box #: \_\_\_\_\_

Campus Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please check: Federal Work Study \_\_\_\_\_ Volunteer \_\_\_\_\_ Class requirement \_\_\_\_\_

Classes	Meeting Days & Time	Labs (if any)

Please list any other commitments you have during the school year that might interfere with your participation in America Reads.

Activity	Meeting Day(s)	Meeting Time(s)

If you will have other work study positions on campus, please complete the following information.

Office	Position Held	Supervisor	Term(s) & Year

Why do you want to be an America Reads coordinator?

What strengths do you feel you will bring to the position?

Describe a challenge that you faced during America Reads and how you would have handled it as a coordinator?