

DPS READING CORPS



Volunteer Reading Corps Commitment Form

Last Name: _____ First Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____

Cell Phone: _____ E-mail Address: _____

_____ Yes, I want to be a Volunteer in the DPS Reading Corps

_____ No, I cannot commit at the present time

If you have answered "yes" above, please select and rank your choice of schools.

1st Choice _____

2nd Choice _____

3rd Choice _____

Please check the days you are available to tutor.

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

_____ Weekend Only

Signature: _____ Date: _____

Please fax form to (313)873-8586 to the attention of Leaura Materassi or please e-mail to
readingcorps@detroitk12.org.

Thank you for your continued support!

*Building Centers of Excellence in Every School for Every Child in Every
Neighborhood*