



ReadingPals 2024-2025



Returning ReadingPals Volunteer Commitment Form

Name: _____

Address: _____

Telephone: _____

Email: _____

Day/s of Choice (Select as many as possible and, if desired, note 1st choice as well as if you would like more than one day.)

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday

School/s of Choice (Select as many as possible and, if desired, note 1st choice and time if there is a choice.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Alta Vista Elementary
Haines City 33844
M, T, W, Th – 9:00–10:00 am | <input type="checkbox"/> Boswell Elementary
Auburndale 33823
M, T, W, Th - 8:00-9:00 am | <input type="checkbox"/> Crystal Lake Elementary
Lakeland 33801
M, T, W, Th – 8:50-9:50 am |
| <input type="checkbox"/> Dixieland Elementary
Lakeland 33803
M, T, W, Th – 9:00-10:00 am | <input type="checkbox"/> Highland City Elementary
Highland City 33846
M, T, W, Th - 9:00-10:00 am | <input type="checkbox"/> Jesse Keen Elementary
Lakeland 33815
M, T, W, Th- 11:00-12:00 or 12:00-1:00 PM |
| <input type="checkbox"/> Lake Shipp Elementary
Winter Haven 33880
M, T, W, Th – 9:00-10:00 am | <input type="checkbox"/> Lewis Elementary
Ft. Meade 33841
M, T, W, Th – 8:00-8:50 am or 10:50-11:40 | <input type="checkbox"/> Mi Escuela Montessori
Lakeland 33812
M, T, W, Th- 8:15-9:15 am |
| <input type="checkbox"/> Padgett Elementary
Lakeland 33809
M, T, W, Th – 9:00-10:00 am | <input type="checkbox"/> Philip O’Brien Elementary
Lakeland 33801
M, T, W, Th - 9:00-10:00 am | <input type="checkbox"/> Polk Avenue Elementary
Lake Wales 33853
M, T, W, Th – 9:30-10:30 am |
| <input type="checkbox"/> Purcell Elementary
Mulberry 33860
M. T, W, Th – 8:30-9:30 am | <input type="checkbox"/> Stephens Elementary
Bartow 33830
M, T, W, Th – 8:30-9:30 am | <input type="checkbox"/> Willow Oak Elementary
Mulberry 33860
M, T, W, Th – 9:00-10:00 am or 1:50-2:50 PM |

Do you have a teacher request? _____

Important Note: Schools and teachers could change and the school hours will not be fully confirmed until late summer.

_____ (Initial please) I agree to grant United Way of Central Florida, its assigns or successors and The Children’s Movement of Florida permission to use my image or voice for educational and/or promotional purposes, including, but not limited to emails, social media, newsletter, and our website.

_____ (Initial please) Please share my email address with the Children’s Movement so I can receive updates on statewide ReadingPals efforts, surveys and event information.

Please scan and email this form to readingpals@uwcf.org or mail it to ReadingPals Program Mgr, UWCF, P.O. Box 1357, Highland City, FL 33846