



Book Buddy Program



Children in grades 1-8 who are able to read at any level are invited to the shelter to read to the cats in our adoptable cat or kitten room. The program will help children improve their reading skills while also helping the shelter animals by providing socialization and human interaction.

Children **must** be accompanied to the shelter by a parent or guardian. While parents do not have to sign up in advance, only three children per time slot can be accommodated (parents can call ahead to schedule). Bring your own book.

Tuesdays – Fridays:
3:30 – 4:00
4:00 – 4:30
4:30 – 5:00

Saturdays:
2:00 – 2:30
2:30 – 3:00

Limited time slots may be spent with shelter dogs, depending on room availability and appropriate temperament of animals available. Students will be asked to sign in and out, and hours will be tracked. Students will wear a special badge while they are at shelter. Book Buddy participants will be highlighted on Facebook and in the quarterly Critter Chronicles. The Book Buddy participant with the most hours (June 1 – October 15) will be a guest judge at Howl-O-Ween. Students who complete ten sessions will receive a t-shirt.

Child’s Name: First _____ Last _____

Parent’s Name: First _____ Last _____

Address: _____ City _____ State _____ Zip _____

Parent’s Phone# _____ E-mail: _____

Child’s Grade Level: _____ Child’s School: _____

Do you have any allergies and/or medical conditions we should be aware of? (Ex. Peanut Allergy) _____

If so, please list:

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone Numbers: _____

HSSCM Release:

I hereby release, indemnify, and hold harmless HSSCM, its directors, employees, successors, legal representatives, sponsors, and supervisors of all its activities, from any and all claims, causes of action, and liability arising from or in any way connected with my volunteer participation with the Humane Society of South Central Michigan. I understand that I am expressly assuming all risk, including but not limited to all risk of injury and disease associated with my volunteer participation. I further grant HSSCM permission to use, without cost, any photographs, videos, or audio taken of me during my volunteer services.

Parent Signature: _____