



TECH BUDDIES



ADULT APPLICATION

Begins July 24th - August 21st

Last Name: _____

First Name: _____

Home Phone #: _____ Cell Phone #: _____

****PLEASE NOTE:** this number will be given to your Tech Buddy, in the event of a last minute cancellation.

Address: _____

E-mail Address: _____

Please circle available time slots:

Tuesday	1:00 - 2:00	2:15 - 3:15	3:30 - 4:30	7:00 - 8:00
Wednesday	1:00 - 2:00	2:15 - 3:15	3:30 - 4:30	7:00 - 8:00
Thursday	1:00 - 2:00	2:15 - 3:15	3:30 - 4:30	7:00 - 8:00
Saturday	10:00 - 11:00	11:00 - 12:00	12:00 - 1:00	

Please circle what you can tutor your Tech Buddy with:

Computer (PC or MAC) MP3 Player /iPOD Cell Phone Digital Camera
 Internet Microsoft Office (Excel, Word, Powerpoint, Publisher) eBay eBooks

Other: _____

Please explain the type of help you are looking for with skills (i.e.: using mouse; cutting & pasting; creating folders, etc.):

****PLEASE NOTE** Tech Buddies is ENTIRELY dependent upon the knowledge and availability of the teen volunteers**

This Tech Buddy has been matched with:

Name _____ Day _____ Time _____

