

## READER APPLICATION FORM

Reading Buddy applicants must be  
between the ages of 7 and 12

Date of Application: \_\_\_\_\_

### **APPLICANT INFORMATION**

Child's Name: \_\_\_\_\_ Male  Female

Birth date: d \_\_\_\_ m \_\_\_\_ y \_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

VPL Library Card # (child): \_\_\_\_\_  
(It is recommended that all children in the program have a library card.)

Name of Parent / Guardian: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email (optional): \_\_\_\_\_

VPL Library Card # (parent): \_\_\_\_\_

### **In case of emergency during Reading Buddies, please contact:**

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

Relationship to child: \_\_\_\_\_

### **DAYS & TIMES PREFERRED FOR READING PRACTICE:**

**Please check off the days and times when you will be available to participate in the program. The greater your availability, the more likely it is that you will be matched.**

Time	Monday	Tuesday	Wednesday	Thursday	Saturday	Sunday
10 – 11	UNAVAILABLE					UNAVAILABLE
11 – 12						
12 – 1						
1 – 2						
2 – 3						
3 – 4						
4 – 5					UNAVAILABLE	
5 – 6						
6 – 7						
7 – 8						

**Your completed application must be returned to the branch at which you would like to register your child.**

I am applying to have my child join the Vaughan Public Libraries' Reading Buddies Program.

I understand that my child will meet with a volunteer assigned to him/her for one hour per week at a pre-arranged, mutually convenient time.

The volunteer will have been screened and oriented by Vaughan Public Libraries.

I understand that all the reading practice sessions are to take place on library premises and that I am responsible for transporting my child to and from the library.

I understand that Vaughan Public Libraries staff do not undertake to supervise the reading session, and that I must remain in the library during the reading session.

I agree to notify the volunteer and the library if my child is unable to attend a session.

Child's Name: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Please share any additional information that may better help us to understand your child's needs with regard to reading in the space below:

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*Vaughan Public Libraries endeavours to provide a safe environment for all library users. In keeping with this objective, Vaughan Public Libraries requires all Reading Buddy volunteers to complete a York Regional Police Vulnerable Sector Screening prior to the commencement of their volunteer work. Parents are invited to contact any branch of Vaughan Public Libraries for more information about VPL's Reading Buddies Program.*

*Personal information on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act, 1990, MFIPPA\Regulation 29. Personal information collected on these forms is used to contact program participants. After the program the forms are destroyed and non-identifying statistical information is retained. Questions regarding the collection of this information should be directed to the Director of Service Delivery. Freedom of Information Requests should be mailed to: Vaughan Public Libraries Administration Offices 900 Clark Avenue W., Thornhill, ON L4J 8C1*