

READING BUDDIES PROGRAM

Application Package



Dear Reading Buddy Applicant,

Thank you for your interest in volunteering with the Vaughan Public Libraries Reading Buddies Program. In this package you will find the documents necessary to complete your application:

- Reading Buddies Application Form
 - Both sides of this form must be completed in full.

- Two Reference Forms
 - Your references must complete these forms and return them to you in signed, sealed envelopes.

Completed applications must be submitted to the branch at which you would like to volunteer. Incomplete applications will not be considered.

If you have any questions about the Reading Buddies Program or the application process, please contact a Youth Services Librarian at your local branch of Vaughan Public Libraries.

Sincerely,

Vaughan Public Libraries
905-653-READ (7323)

**READING BUDDIES PROGRAM
VOLUNTEER APPLICATION FORM**



**Reading Buddy volunteers must be 14 and in Grade 9.
We thank all applicants for their interest in the program, however, only those selected for an interview will be contacted.**

1. Why are you volunteering to become a Reading Buddy?

2. Outline any experience you have had working with children, or participating in a Reading Program.

3. What qualities do you have that would make you a great Reading Buddy?

4. Why do you think reading is important in a high-tech world of computers and television?

5. What do you enjoy reading?

6. What is your favourite children's book, and why is it your favourite?

Signature _____ Date: _____



**READING BUDDIES PROGRAM
VOLUNTEER APPLICATION FORM**

Please complete all sections of the form

Name: _____

Street Address: _____

City: _____ Postal Code: _____

Telephone: _____ Email (optional): _____

Date of Birth: _____ Grade/Year: _____

VPL Borrower Card #: _____

Name of School (if applicable): _____

If you are not a student:

Occupation: _____

Work Telephone: _____

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 volunteer.

Vaughan Public Libraries endeavours to provide a safe environment for all library users. In keeping with this objective, applicants will be asked to complete a York Regional Police Vulnerable Sector Screening prior to the commencement of their volunteer work. The fee for the Vulnerable Sector Screening will be refunded to successful Reading Buddy applicants.

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

READING BUDDIES PROGRAM
Reference Questions



Dear Referee,

Please use this form to provide a written reference for (volunteer's name) _____ who has applied for the Reading Buddies program at Vaughan Public Libraries. The Library screens all volunteers by asking for written references. Your responses are confidential. Please complete this form, seal it in an envelope, **sign across the flap of the sealed envelope**, and return it to the applicant. Thank you for your assistance and for taking the time to complete this form.

The Reading Buddies program pairs a volunteer with a child between the ages of 7 and 12. The pairs meet once a week at the library for ten weeks to help the child practice their reading.

Referee: _____
Name (please print) Signature

Occupation: _____

Referee's Phone number: (____) _____ Today's Date: _____

Relationship to applicant: _____

How long have you known the applicant _____

Questions

1. How do you know the applicant?

2. What words would you use to describe this person?

3. Have you had the opportunity to see this person interact with children? If so, describe the experience.

4. Do you think this person will be suitable for the Reading Buddies program? Why or why not?

5. On a scale of 1-5 (5 being the highest) please indicate how you feel the applicant scores on the following personal characteristics:

Responsibility	1	2	3	4	5
Dependability	1	2	3	4	5
Work Ethic	1	2	3	4	5
Ability to Relate to Children	1	2	3	4	5
Patience	1	2	3	4	5

6. Is there anything else you would like to tell us about this person, regarding the Reading Buddies program?

Vaughan Public Libraries may contact you to confirm the information provided. If you have any questions or concerns, please contact Vaughan Public Libraries at (905) 653-READ.

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