

Dear Parent,

Thank you for your interest in Vaughan Public Libraries' French Reading Buddies Program. This letter explains the rules and responsibilities for participating in the Reading Buddies Program.

If your application is approved, your child will meet with a volunteer assigned to him/her once/ week for 10 weeks. Volunteers have been screened and trained by Vaughan Public Libraries. Volunteers are mostly high school students who give their time to help your child improve their reading confidence and skill. Although they do have some training for the program, they are not tutors.

All French Reading Buddy sessions take place at the library. You are responsible for bringing your child to and from the library every week. Please be on time for each session. This is a 10 week commitment that you and the volunteer have made. If you are unable to attend a session for any reason, please contact the volunteer and the library as soon as possible.

Vaughan Public Libraries staff does not directly supervise the reading session. Children under the age of 11 may not be left unsupervised. Library staff is not responsible for children left unattended in the library.

Included in the registration package is a photo permission form that we would like you to fill out. However, you do not have to fill out this form.

If you have any questions about this program please contact the Youth Services Librarian at the Pierre Berton Resource Library.

Christine Oosterhof & Daniela Pacini  
Vaughan Public Libraries  
905-653-READ (7313 or 7308)



# FRENCH READER APPLICATION FORM

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

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

## CHILD'S INFORMATION

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

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

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

(It is recommended that all children in the program have a library card.)

Please provide some information about your child's reading needs:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SCHEDULE:

Please mark all of 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	UNAVAILABLE					UNAVAILABLE
3 – 4						
4 – 5						
5 – 6					UNAVAILABLE	
6 – 7						
7 – 8						

Your completed application must be returned to the library branch where you would like to register your child.

**PLEASE READ AND UNDERSTAND YOUR RESPONSIBILITIES**

I am applying to have my child join the Vaughan Public Libraries' French 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 for a duration of 10 weeks.

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

I understand that all French Reading Buddies sessions will take place at the library and that I am responsible for transporting my child to and from the library.

I understand that Vaughan Public Libraries staff does not 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 and I will make all efforts to arrive to each session on time.

Included in this package is a photo permission form. I understand that I am **not** obligated to fill out this form to ensure my child's participation in the program

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

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

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

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

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

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

*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*

**Reading Buddies... en français**  
**Photo Permission Form**

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***Persons 18 years of age and older***

I \_\_\_\_\_, hereby give permission for the photograph(s) taken at all French Reading Buddy activities throughout the year to be used by Vaughan Public Libraries and/or the media in electronic or print publications, and online communication vehicles, to promote the Libraries' programs and services.

If the photograph is used in a publication, I authorize

- My full name to be used  
 I do not authorize my name to be used

Signed \_\_\_\_\_

***Parental consent is required for photographs of persons under 18 years of age***

I, \_\_\_\_\_ (*name of parent/guardian*) of  
(*first & last name of child*) \_\_\_\_\_, hereby  
give permission for the photograph(s) taken at all French Reading Buddy activities throughout the year to be used by Vaughan Public Libraries and/or the media in electronic or print publications, and online communication vehicles, to promote the Libraries' programs and services.

If the photograph is used in a publication,

- I authorize my son or daughter's full name to be used  
 I do not authorize my son or daughter's name to be used

Signed \_\_\_\_\_