

Reading Buddies — Reader Application Form



CHILD'S INFORMATION

Name: Birthdate (D/M/Y):

Library Card Number: Gender:

School: Grade: Phone #:

Address:

PARENT/GUARDIAN'S INFORMATION

Name: Phone #:

Address:

eMail: Liability Waiver Signed: Yes No

Preferred branch location?

- King City
 Nobleton
 Schomberg
 Ansnorveldt

EMERGENCY CONTACT INFORMATION

In case of an emergency, please contact:

Name: Home Phone #:

Relationship to the child: Cell Phone #:

PREFERRED DAYS & TIMES: (PLEASE CHECK ALL THAT APPLY)

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Time	Saturday
3:30-4:30pm						10:00-11:00am	
4:00-5:00pm						10:30-11:30am	
4:30-5:30pm						11:00am-12pm	
5:00-6:00pm						11:30am-12:30pm	
5:30-6:30pm						12:00-1:00pm	
6:00-7:00pm						12:30-1:30pm	
6:30-7:30pm						1:00-2:00pm	
						1:30-2:30pm	
						2:00-3:00pm	

All efforts will be made to match your child with a volunteer. The number of children that can be accepted into the program is dependent on the number of available volunteers.

I am applying to have my child join the King Township Public Library Reading Buddies Program. I understand that my child ages 6 (or Grade 1) to age 12 years, will meet with a designated volunteer for 1 hour on the scheduled day each week for a 10-week session.

Volunteers over the age of 18 have successfully completed a positive Vulnerable Sector Screening by the York Regional Police. All volunteers have received the necessary training to support the Reading Buddies Program.

I understand that all sessions are to ONLY take place at the agreed upon preferred branch location.

I am responsible for transporting my child to and from the library for these scheduled reading sessions.

I understand that King Township Public Library staff is not responsible for supervising my child.

I agree to immediately notify the volunteer and the library if my child is unable to attend a session (if possible at least a day in advance) with as much notice as possible. Therefore, I understand that my contact information will be shared with the designated volunteer to facilitate communication.

The library reserves the right to manage the pairings, including reassigning and/or dissolving the pairings at any point, as deemed necessary. All participants in the Reading Buddies Program are expected to abide by the Library's Code of Conduct.

Parent/Guardian's Name:

Signature of Parent/Guardian:

Date:

At the conclusion of the Reading Buddy program, all personal information collected on this application will be destroyed.

If you require more information, please contact:
Manager of Community Engagement & Marketing
readingbuddies@kinglibrary.ca
905-833-5101