Reading Buddies — Volunteer Application Form



VOLUNTEER'S INFORMATION

Name:				В	Birthdate (D/M/Y):					
Library Card	d Number:			Gender:						
School:				Grade: Phone #:						
Address:										
eMail:										
lf you are not	a student:									
Occupation:				eMail:						
Work #	:									
Preferred bra	anch location?									
☐ King City	□No	Nobleton Schomberg Ansnorveldt								
	PREFERRE	D DAYS & TIM	IES: (PLEASE CHEC	CK ALL THAT A	PPLY)	Time	Saturday			
Time	Monday	Tuesday	Wednesday	Thursday	Friday	10:00-11:00am				
3:30-4:30pm						10:30-11:30am				
4:00-5:00pm						11:00am-12pm				
4:30-5:30pm						11:30am-12:30pm				
5:00-6:00pm						12:00-1:00pm				
5:30-6:30pm						12:30-1:30pm				
6:00-7:00pm						1:00-2:00pm				
6:30-7:30pm						1:30-2:30pm 2:00-3:00pm				

Why are you	u volunteering to	become a Readi	ing Buddy?			
What experi	ence do you have	working with cl	hildren?			
Why do you	ı think you would	be a great Read	ding Buddy?			
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gnature:				Date:		

Selected applicants for the Reading Buddy program over the age of 18 will be responsible for providing the King Township Public Library with a positive Vulnerable Sector Screening report by the York Regional Police.

Reading Buddies must be at least 14 years old or in Grade 9.

I understand that my contact information will be shared with the child's family to facilitate communication.

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

The Library reserves the right to interview volunteer candidates as necessary.

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.

If you require more information, please contact:

Manager of Community Engagement & Marketing readingbuddies@kinglibrary.ca 905-833-5101

Revised: Jan 12, 2018