

Dear Parent,

Thank you for your interest in Vaughan Public Libraries' 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 1 hour/ week for 10 weeks. Volunteers have been screened by Vaughan Public Libraries and are usually high school students. Although they do have some training for the program, they are not tutors.

All 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 alone. Library staff is not responsible for children unattended in the library.

There is a photo permission form included at the end of this application 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 a Youth Services Librarian at your local branch of Vaughan Public Libraries.

Sincerely,

Vaughan Public Libraries
905-653-READ (7323)

READER APPLICATION FORM

Reading Buddy applicants must be
between the ages of 7 and 11

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						
3 – 4						
4 – 5					UNAVAILABLE	
5 – 6						
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' 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 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 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

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 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 _____