

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 (attached)
  - Both sides of this form must be completed in full.
- ☐ Two Reference Forms (attached)
  - Your references must complete these forms and return them to you in signed, sealed envelopes. Individuals who complete these forms must not be related to you.
- ☐ York Regional Police Vulnerable Sector Check Application (attached)
  - During the interview, you will be asked to complete a Police Vulnerable Sector Check (PVSC) form. Before starting your weekly meetings with your buddy, volunteers are required to submit the processed PVSC to Vaughan Public Libraries
- ☐ Photo permission form (attached) – **optional**

Completed applications must be submitted to the branch at which you would like to volunteer. All documents listed above must be submitted in order for the application to be considered.

Successful applicants will be required to attend an interview and orientation session.

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)

**Please complete all sections of the form**

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

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

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

Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Grade/Year: \_\_\_\_\_ Age: \_\_\_\_\_

VPL Library Card #: \_\_\_\_\_

Name of School currently attended (if applicable): \_\_\_\_\_

**If you are not a student:**

Occupation (if applicable):  
\_\_\_\_\_

Work Telephone (if applicable): \_\_\_\_\_

**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 library 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 Police Vulnerable Sector Check prior to the commencement of their volunteer work. The fee for the Police Vulnerable Sector Check will not be refunded to 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 Buddy volunteers must be in Grade 9 or above.**

**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?

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

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

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

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5. What do you enjoy reading?

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

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Signature \_\_\_\_\_

Date: \_\_\_\_\_

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

Referee: \_\_\_\_\_  
Name (please print) Signature

Occupation: \_\_\_\_\_

Referee's Phone number: (\_\_\_\_) \_\_\_\_\_ Today's Date: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

### **Questions**

1. How do you know the applicant?

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

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

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

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5. On a scale of 1-5 (5 being the highest) please indicate how you feel the applicant scores on the following personal characteristics (circle the appropriate number for each characteristic).

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?

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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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Referee: \_\_\_\_\_  
Name (please print) Signature

Occupation: \_\_\_\_\_

Referee's Phone number: (\_\_\_\_) \_\_\_\_\_ Today's Date: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

### **Questions**

1. How do you know the applicant?

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

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

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# YORK REGIONAL POLICE POLICE VULNERABLE SECTOR CHECK

**Must print legibly (names, street, city, province, postal code) as this is your mailing label.**

## UNIT 1. TO BE COMPLETED BY APPLICANT

Last Name		First Name		Middle Name		Maiden / other names	
Address (# and street name)			Apt #		Male <input type="checkbox"/> Female <input type="checkbox"/>		Place of birth
City	Province	Postal Code			Date of birth (DD/MM/YY):		
Phone number							

## Reason for Request

Employment ☐ Volunteer ☐ Student ☐ (Must show valid student ID) Other ☐

Name of Agency/organization: Position

## Address History – Complete address history for the past 5 years

Street Name and Number (please state below)	Apt/Unit #	City	Province	Postal Code	# of years at address

## UNIT 2. POLICE USE ONLY – One box must be checked for each section

### 1. RESULTS FOR NAME- Based criminal record verification

<input type="checkbox"/>	Negative	Based solely on the name(s) and date of birth provided and the criminal record information declared by the applicant, a search of the RCMP National Repository of Criminal Records <b>did NOT identify any records</b> with the name(s) and date of birth of the applicant. <b>Positive identification that a criminal record does or does not exist at the RCMP National Repository of Criminal Records can only be confirmed by FINGERPRINT comparison.</b> Delays do exist between a conviction being rendered in court, and the details being accessible on the RCMP National Repository of Criminal Records. Not all offences are reported to the RCMP National Repository of Criminal Records.
<input type="checkbox"/>	Incomplete	Based solely on the name(s) and date of birth provided and the criminal record information declared by the applicant, a search of the RCMP National Repository of Criminal Records <b>could NOT be completed.</b> <b>Positive identification that a criminal record does or does not exist requires the applicant to SUBMIT FINGERPRINTS to the RCMP National Repository of Criminal Records by an authorized police service or accredited private fingerprinting company.</b> Delays do exist between a conviction being rendered in court, and the details being accessible on the RCMP National Repository of Criminal Records. Not all offences are reported to the RCMP National Repository of Criminal Records.
<input type="checkbox"/>	Possible Matches (See attached _____ page for details)	Based solely on the name(s) and date of birth provided and the criminal record information declared by the applicant, a search of the RCMP National Repository of Criminal Records <b>has resulted in a POSSIBLE match to a registered criminal record.</b> <b>Confirmation that a criminal record does or does not exist at the RCMP National Repository of Criminal Records can only be achieved by FINGERPRINT comparison.</b> As such, the criminal record information declared by the applicant <b>does NOT constitute a Certified Criminal Record by the RCMP.</b> Delays do exist between a conviction being rendered in court, and the details being accessible on the RCMP National Repository of Criminal Records. Not all offences are reported to the RCMP National Repository of Criminal Records.

### 2. RESULTS OF FINGERPRINT COMPARISON SEARCH WITH THE NATIONAL REPOSITORY OF CRIMINAL RECORDS

<input type="checkbox"/>	No Records Identified
<input type="checkbox"/>	Records Identified – See attached
<input type="checkbox"/>	Not Applicable

### 3. RESULTS OF INVESTIGATIVE DATABANK AND LOCAL INDICES RESULTS

<input type="checkbox"/>	NEGATIVE – No information was revealed that can be disclosed in accordance with federal laws and RCMP policies
<input type="checkbox"/>	POSITIVE – See attached page(s) for details

### 4. RESULTS OF POLICE VULNERABLE SECTOR SCREENING ONLY

<input type="checkbox"/>	A search of pardoned sex offenders was conducted. No information to release.
<input type="checkbox"/>	A search of pardoned sex offenders was conducted. Information authorized for release.
<input type="checkbox"/>	A search of pardoned sex offenders <b><u>was not</u></b> conducted.

Date of Search

Customer Service  
Representative



**NOT VALID UNLESS EMBOSSED WITH POLICE SEAL**

Identification – one form MUST be Government Issued and include applicant's name, date of birth, signature and photo of applicant	
Type of ID produced :	ID Number :
Type of ID produced:	ID Number:
<b>The Police Vulnerable Sector Check will include the following information as it exists on the date of the search:</b> <ul style="list-style-type: none"><li>• Outstanding entries, such as charges and warrants, Judicial Orders, Peace Bonds, Probation and Prohibition Orders</li><li>• Criminal convictions (summary and indictable) from CPIC and/or local databases.</li><li>• Absolute and Conditional Discharges.</li><li>• Family court Restraining Orders.</li><li>• Criminal charges resulting in dispositions including, but not limited to, Withdrawn, Dismissed, and cases of Not Criminally Responsible by Reason of Mental Disorder as listed on local indices.</li><li>• Police contacts including but not limited to theft, weapons, sex offences, or violent, harmful and threatening behaviour.</li></ul> <b>The Police Vulnerable Sector Check will include all of the above and the following information as it exists on the date of the search:</b> <ul style="list-style-type: none"><li>• Police contacts including but not limited to theft, weapons, sex offences, or violent, harmful or threatening behavior which may or may not have involved a mental health incident.</li><li>• All pardoned criminal convictions, including non sex offences, identified as a result of a vulnerable sector verification search and authorized for release by the Minister of Public Safety and Emergency Preparedness.</li></ul>	
<p>1. I hereby release and discharge the York Regional Police Service and all members and employees of the said Service from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of information to me by the Police Service. I hereby authorize the York Regional Police Service to inquire into and disclose the results of any police records indicating criminal convictions, conditional discharges, absolute discharges and outstanding criminal charges to me and to conduct a local police contact search with any Police Service in Canada.</p> <p>2. I certify that the information provided by me in this application is true and correct to the best of my knowledge and belief. I have read this consent, understand it and agree to it in its entirety.</p>	
<b>Applicant's Name</b> <b>(Please Print):</b> _____	
<b>Applicant's Signature:</b> _____	<b>Date:</b> _____
<b>UNIT 3. POLICE VULNERABLE SECTOR CHECK</b>	
<b>This section is restricted to applicants seeking employment and/or volunteering with vulnerable individuals.</b> <i>"Vulnerable persons" means persons who, because of their age, a disability or other circumstances, whether temporary or permanent, (a) are in a position of dependence on others; or (b) are otherwise at a greater risk than the general population of being harmed by persons in a position of authority or trust relative to them.</i>	
<b>CONSENT</b>	<b>POLICE USE ONLY</b>
I hereby consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of, and been granted a pardon for, any of the sexual offences that are listed in the schedule to the <i>Criminal Records Act</i> .	
I understand that, as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the <i>Criminal Records Act</i> in respect of which a pardon was granted or issued, I will be requested to provide fingerprints to confirm that record and that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Solicitor General of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.	

**Contributing Agency:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Personal information contained on this form is collected pursuant to the Police Services Act, s.41 and is collected for the purpose of processing this police record check. Questions concerning this collection should be directed to York Regional Police 17250 Yonge Street, Newmarket, ON. L3Y 4W5, 905-830-0303 ext. 6760.

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

I \_\_\_\_\_, 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 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 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 \_\_\_\_\_