

Cher candidat au programme FRENCH READING CIRCLE VOLUNTEER,

Merci de votre intérêt au programme FRENCH READING CIRCLE VOLUNTEER de la Bibliothèque ressource Pierre Berton. Ce dossier de demande comprend les documents qui vous seront nécessaire pour compléter votre demande.

- ☐ Formulaire de demande pour bénévoles
  - Les deux côtés de ce formulaire doivent être complétés.
- ☐ Deux lettres de recommandation
  - Vos (2) personnes référence doivent compléter ce formulaire et vous les retourner dans une enveloppe scellée et signée.
  - Au moins une de vos lettres de recommandation doit provenir d'un enseignant de français. Vos références ne doivent pas avoir de lien de parenté avec vous.
- ☐ Formulaire de permission pour la prise de photos - **optionnel**

Les demandes complétées doivent être remises à la Bibliothèque ressource Pierre Berton. Tous les documents dans la liste ci-dessus doivent être remis afin que votre demande soit considérée.

Les candidats retenus devront passer en entrevue et participer à une session de formation.

Si vous avez des questions au sujet du programme French Reading Circle ou des questions par rapport au processus d'application, veuillez contacter Daniela ou Christine à la Bibliothèque ressource Pierre Berton.

Bien à vous,

Bibliothèque ressource Pierre Berton  
905-653-READ (7323)

**Veillez compléter toutes les sections du formulaire**

Nom: \_\_\_\_\_

Adresse: \_\_\_\_\_

Ville: \_\_\_\_\_ Code postal: \_\_\_\_\_

Téléphone: \_\_\_\_\_ Courriel: \_\_\_\_\_

Date de naissance: \_\_\_\_\_ Année scolaire: \_\_\_\_\_ Âge: \_\_\_\_

Numéro de carte de bibliothèque: \_\_\_\_\_

Nom de l'école fréquentée  
présentement: \_\_\_\_\_**Si vous n'êtes pas un(e) étudiant(e):**

Profession/emploi: \_\_\_\_\_

Numéro de téléphone au travail: \_\_\_\_\_

**Le French Reading Circle prendra lieu à la Pierre Berton Resource Library chaque mardi à 19h.****Votre formulaire de demande doit être retourné à la Bibliothèque ressource Pierre Berton.**

*Vaughan Public Libraries vise à fournir un environnement sécuritaire pour tous les usagers de la bibliothèque. En accord avec cet objectif, les candidats sont demandés de se soumettre à une Vérification dans le secteur des personnes vulnérables avant de commencer leur bénévolat. Les frais pour la Vérification dans le secteur des personnes vulnérables ne seront pas remboursés. L'information personnelle sur ce formulaire est obtenue en accord avec la Loi sur l'accès à l'information et la protection de la vie privée, 1990, MFIPPA/Régulation 29. L'information sur ces formulaires est utilisée afin de contacter les participants. Suite à la fin du programme, les formulaires seront détruits et des statistiques et renseignements non-identificatoires seront conservés. Les questions au sujet de la collection de ces informations devraient être adressées à la Director of Service Delivery. Les demandes d'accès à l'information devraient être postées à : Vaughan Public Libraries Administration Offices, 900, avenue Clark ouest, Thornhill (Ontario) L4J 8C1*

**Les bénévoles pour le programme FRENCH READING CIRCLE doivent être en 9e année ou plus.**

**Nous remercions tous les candidats de leur intérêt, cependant, seulement ceux choisis pour une entrevue seront contactés.**

1. Pourquoi est-ce que vous faites demande pour être un French Reading Circle Volunteer?

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2. Énumérez votre expérience de travail avec les enfants et/ou avec le programme French Reading Circle Volunteer.

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3. Quelles qualités avez-vous qui feront de vous un bon French Reading Circle Volunteer?

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4. Pourquoi pensez-vous que la lecture est importante?

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5. Qu'est-ce que vous aimez lire?

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6. Quel est votre livre pour enfants préféré et pourquoi?

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Signature \_\_\_\_\_

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

Chère référence,

Veuillez utiliser ce formulaire afin de nous fournir une recommandation écrite pour \_\_\_\_\_ (nom du/de la bénévole) qui fait demande pour le programme French Reading Circle Volunteer de la Bibliothèque ressource Pierre Berton (Vaughan Public Libraries). Les bénévoles de ce programme feront de la lecture avec des enfants âgés de 7 à 11 ans. Le groupe se rencontrera à la bibliothèque une fois par semaine de façon continue afin d'aider aux enfants plus jeunes à pratiquer leur lecture. La sélection des candidats appropriés pour ce programme prend en considération des recommandations écrites. Vos réponses resteront confidentielles.

Veuillez compléter ce formulaire, le seller dans une enveloppe, signer sur le rabat, et retourner le tout au candidat. Merci de votre collaboration!

Référence: \_\_\_\_\_  
Nom (en lettre moulées) Signature

Emploi: \_\_\_\_\_

Numéro de téléphone: (\_\_\_\_) \_\_\_\_\_ Date d'aujourd'hui: \_\_\_\_\_

Depuis quand connaissez-vous le/la candidat(e)? \_\_\_\_\_

### **Questions**

1. Comment connaissez-vous le/la candidat(e) ?

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2. Quels mots utiliseriez vous pour décrire cette personne?

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3. Avez-vous déjà eu l'occasion de voir cette personne interagir avec des enfants? Si oui, veuillez décrire l'expérience.

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4. Pensez-vous que cette personne serait convenable pour le programme French Reading Circle Volunteer? Pourquoi ou pourquoi pas ?

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5. Sur une échelle allant de 1 à 5 (5 étant le plus élevé), veuillez indiquer les compétences du/de la candidat(e) en relation aux caractéristiques suivantes:

Responsabilité	1	2	3	4	5
Fiabilité	1	2	3	4	5
Éthique du travail	1	2	3	4	5
Bon rapport avec les enfants	1	2	3	4	5
Patience	1	2	3	4	5

6. Voulez-vous nous dire autre chose au sujet du/de la candidat(e)?

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La Bibliothèque publique de Vaughan pourrait vous contacter afin de confirmer l'information fournie. Si vous avez des questions ou des commentaires, veuillez contacter la Bibliothèque publique de Vaughan au (905) 653-READ.

*Vaughan Public Libraries vise à fournir un environnement sécuritaire pour tous les usagers de la bibliothèque. En accord avec cet objectif, les candidats sont demandés de se soumettre à une Vérification dans le secteur des personnes vulnérables avant de commencer leur bénévolat. Les frais pour la Vérification dans le secteur des personnes vulnérables ne seront pas remboursés.*

*L'information personnelle sur ce formulaire est obtenue en accord avec la Loi sur l'accès à l'information et la protection de la vie privée, 1990, MFIPPA/Régulation 29. L'information sur ces formulaires est utilisée afin de contacter les participants. Suite à la fin du programme, les formulaires seront détruits et des statistiques et renseignements non-identificatoires seront conservés. Les questions au sujet de la collection de ces informations devraient étre adressées à la Director of Service Delivery. Les demandes d'accès à l'information devraient étre postées à : Vaughan Public Libraries Administration Offices, 900, avenue Clark ouest, Thornhill (Ontario) L4J 8C1*

Dear Referee,

Please use this form to provide a written reference for \_\_\_\_\_  
(volunteer's name) who has applied for the French Reading Circle Volunteer program at Vaughan Public Libraries. The French Reading Circle Volunteers will read with children between the ages of 7 and 11. The group meets once a week at the library on an ongoing basis to help children 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 French Reading Circle 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.

*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 Vulnerable Sector Screening prior to the commencement of their volunteer work. The fee for the Vulnerable Sector Screening 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*

FORMULAIRE DE PERMISSION POUR LA PRISE DE PHOTOS
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***Personnes âgées de 18 ans et plus***

Je, \_\_\_\_\_, donne ma permission aux Vaughan Public Libraries et/ou aux médias d'utiliser les photographies prises durant les activités du programme French Reading Circle Program afin de promouvoir les programmes et services de la bibliothèque par l'entremise de publications électroniques, publicité presse, et/ou publicité en ligne.

Si la photographie est publiée:

- ☐ Je vous autorise d'utiliser mon nom au complet.  
☐ Je ne vous autorise pas d'utiliser mon nom.

Signature \_\_\_\_\_

***Le consentement des parents est requis pour les photographies de personnes âgées de moins de 18 ans.***

Je, \_\_\_\_\_ (nom du parent/tuteur) de \_\_\_\_\_ (prénom et nom de famille de l'enfant) donne ma permission aux Vaughan Public Libraries et/ou aux médias d'utiliser les photographies prises durant les activités du programme French Reading Circle Program afin de promouvoir les programmes et services de la bibliothèque par l'entremise de publications électroniques, publicité presse, et/ou publicité en ligne.

Si la photographie est publiée:

- ☐ Je vous autorise d'utiliser le nom complet de mon enfant.  
☐ Je ne vous autorise pas d'utiliser le nom de mon enfant.

Signature \_\_\_\_\_





# 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

I am an applicant for a position with a person or organization responsible for the well-being of one or more children or vulnerable persons.

Description of the paid or volunteer position	Name of the person or organization
French Reading Circle	Vaughan Public Libraries
Description of the responsibilities towards children or vulnerable person(s)	

Helping kids learn French at the library

## 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

Requested and Fee received by – Badge#

## 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>was not</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:
<p><b>The Police Vulnerable Sector Check will include the following information as it exists on the date of the search:</b></p> <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 behavior.</li> </ul> <p><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></p> <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 where no charges are laid.</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>	
<ol style="list-style-type: none"> <li>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.</li> <li>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.</li> </ol>	
<p><b>Applicant's Name (Please Print):</b> _____</p>	
<p><b>Applicant's Signature:</b> _____ <b>Date:</b> _____</p>	
<b>UNIT 3. POLICE VULNERABLE SECTOR CHECK</b>	
<p><b>This section is restricted to applicants seeking employment and/or volunteering with vulnerable individuals.</b></p> <p><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></p>	
<b>CONSENT POLICE USE ONLY</b>	
<p>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>.</p> <p>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.</p>	

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

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

Deliver completed forms in person only to:

North Customer Service Unit, York Regional Police Central Services Building, 47 Don Hillock Dr, Aurora  
South Customer Service Unit, Hillcrest Mall, 9350 Yonge Street, Richmond Hill

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. 6781 or 7655