



Job Title:	Reading Buddies Volunteer
<p>Summary:</p> <p>Under the direction of the Library Programmer, provides reading support and practice to children in grades 1 – 5.</p>	
<p>Responsibilities:</p> <ol style="list-style-type: none"><li>1. Provide reading support through 1-on-1 time with your reading buddy in a group setting.</li><li>2. Create an encouraging and positive environment for your reader.</li><li>3. Identify child's interests and reading interests and help select appropriate reading material.</li><li>4. Good attendance and punctuality.</li><li>5. Responsible for following Health and Safety policy and procedures.</li></ol>	
<p>Qualification:</p> <ul style="list-style-type: none"><li>• Currently enrolled in high school.</li><li>• Ability to read and recite texts proficiently.</li><li>• Ability to communicate clearly and effectively with children, adults and peers.</li><li>• Enthusiasm for working with children.</li></ul>	
<p>Time Commitment:</p> <ul style="list-style-type: none"><li>• All reading sessions take place on Library premises on Wednesday evenings between <b>4:15 and 5:15 p.m.</b> for a duration of 6 weeks from <b>April 10 to May 15.</b></li></ul>	
<p>Application Process:</p> <ul style="list-style-type: none"><li>• Complete and submit the second page of this application.</li></ul>	
<p>Training:</p> <ul style="list-style-type: none"><li>• Accepted volunteers must attend an orientation session prior to the beginning of the program on <b>Wednesday, April 3 at 3:30 – 4:30 p.m.</b></li></ul>	

Keep this page for your records.

Complete the following information and return to the Library by **Wednesday, March 27<sup>th</sup>.**





First Name:	Last Name:
Phone:	Email:
School:	Grade:
I am interested in Reading Buddies because:	
Work/Volunteer experience:	
Hobbies and Interests: Tell us about yourself to better match you with a reading buddy.	
What is your favourite book?	

- I understand that if I do not attend the orientation session I will not be able to participate in the program.
- I understand that I will be matched with a child, for a duration of 6 consecutive weeks.
- I agree to notify the Library if I am unable to attend a session and that the Library resumes no responsibility for my absence. I will not be awarded volunteer time for absent sessions.

\_\_\_\_\_  
**Applicant's signature:**

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

- I understand that my child is participating in this program and will support their attendance.

\_\_\_\_\_  
**Parent's signature:**

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

\*\*\* PLEASE NOTE THAT THIS IS A LIMITED PROGRAM. THIS APPLICATION DOES NOT GUARANTEE A PLACEMENT.

