

I am interested in being a Reading Buddy because:

Work / Volunteer Experience & Skills

Interests & Hobbies:

I wish to participate in: English
French*

* To be eligible to participate in French, you must either be a French Immersion student, or a native French speaker. Please indicate your proficiency/experience below:

This program runs for 10 weeks.

**Please ensure that you can commit to this program before submitting an application.
Submitting an application does not a guarantee a spot in the program.**

I understand that the Workplace Safety and Insurance Act (1997) does not cover illnesses or injuries incurred while performing volunteer duties, and that it is my responsibility to see if medical coverage is provided by the provincial or my personal health care plans.

I hereby certify that all of the information included on the application form is true and complete. I understand that an incomplete application will not be considered, and that providing false or misleading information may result in dismissal, regardless of the time of discovery.

Student Signature: _____ Date: _____

Personal information contained in this form is collected under the authority of the Public Libraries Act, R.S.O. 1990 for the purpose of delivering service to registered patrons. Questions regarding the collection of this information should be directed to: Chief Executive Officer, Aurora Public Library, 15145 Yonge Street Aurora, Ontario, L4G 1M1 (905) 727-9494.



reading buddies

Teen Application



Reading Buddies is a literacy-based program for children in grades 1 to 6 who have difficulty reading at their grade level. Children will be paired with a high school volunteer and together, they will concentrate on reading for pleasure and activities that promote reading and writing.

High school volunteers can earn up to 11 hours toward their community service while making a valuable contribution to the life of a child. It is also fun!

The Sessions:

Reading Buddies pairs will meet in the library once a week for a one hour session; the sessions continue for ten weeks. Sessions can take place any time that the library is open. Meeting times must be mutually agreed upon by both the teen volunteer and the child's parent(s).

If you are interested in becoming a Reading Buddy, please complete the application form and drop it off at the Children and Young Adult Information Desk on the second floor, or scan/ email it to: ya@aurorapl.ca

Submitting an application does not guarantee a spot in the program.

Application to be a Teen Reading Buddy

Date: _____

Personal Information (Applicant)

First Name: _____ Last Name: _____

Street Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

E-mail correspondence occurs **frequently**. Please include an e-mail address you check on a regular basis.

Current School: _____ Grade: _____

Aurora Public Library card# (not mandatory) : _____

Please indicate (circle) where you heard about Reading Buddies:

Library Website Teacher/School Library Flyer Friend

Other: _____