Envision Financial Reading Buddies Program
VOLUNTEERS WANTED!

As an Envision Financial Reading Buddies Volunteer, you are a role model to a young reader, practicing reading with your buddy and engaging in fun literacy activities. Each session includes buddy reading, as well as literacy-related games. The Envision Financial Reading Buddies Program is six weeks in length. If you are volunteering for the first time you will also be required to attend an orientation session. **We are currently recruiting for the Spring 2020 sessions.**

**SPRING 2020 SESSIONS**

The Spring 2020 sessions will run for six weeks. The actual program is one hour per week. **You will be expected to arrive 15 minutes prior to the start of each program and stay 15 minutes after the program finishes,** to clean up and make sure your buddy is picked up by their parent. This includes your training session. **You must attend all sessions unless you are ill.**

**FLEETWOOD BRANCH**  |  Mondays from 4-5pm  |  Jan 27- Mar 9  *No program Feb. 17
Orientation/training is Monday Jan 20, 4-5pm

**GUILDFORD BRANCH**  |  Tuesdays, 3:45-4:45pm  |  Apr 14 - May 19
Orientation/ training is Tuesday Apr 7, 3:30-4:30pm

**NEWTON BRANCH**  |  Tuesdays, 4:30-5:30pm  |  Feb 4 - Mar 10
Orientation/training is Tuesday Jan 28, 4:30-5:30pm

**STRAWBERRY HILL BRANCH**  |  Wednesdays, 3:30-4:30  |  Apr 1 - May 6
Orientation/training is Wednesday Mar 25 from 3:30-4:30pm

**CLOVERDALE BRANCH**  |  Wednesdays, 3:45-4:45pm  |  Apr 15 - May 20
Orientation/training is Wednesday Apr 8 from 3:30-5pm

**CITY CENTRE BRANCH**  |  Wednesdays, 3:30-4:30pm  |  Apr 15 - May 20
Orientation/training is Wednesday Apr 8, 3:30-4:30pm

**SEMIAMHOO BRANCH**  |  Tuesdays from 3:30-4:30pm  |  Feb 4 - Mar 10
Orientation/training is Tuesday Jan 28, 3:30-4:30pm
VOLUNTEER QUALIFICATIONS

- Enjoy working with children
- Interest and enthusiasm for books and reading
- **14–18** years of age
- Reliable and punctual

How to Apply- Please read carefully!

If you would like to apply to become an Envision Financial Reading Buddies Volunteer, you must complete an application form, submit two professional references (not a school friend or a relative), and agree to an interview with library staff. **If you are accepted into the program, you must also pass a Police Information Check (PIC) through the RCMP. PIC forms will be provided by library staff after your interview.**

Please return the application and completed references to the Youth Services Librarian at the branch where you are interested in volunteering. Applications will be considered on a first come first served basis. **When a branch reaches its maximum number, it will stop accepting applications.**

Training Provided:
Once you have been accepted into the program, you will be contacted about training and orientation. A 60–70 minute training session is provided the week prior to the start of the program. **If you do not attend training, you will not be accepted into the program.**

Benefits of Volunteering for Surrey Libraries:

- Helping young readers enhance their literacy skills
- Opportunity for direct community involvement
- *Reference letter provided to those volunteers who have completed the 6-week program*
- Can be used to fulfill graduation requirements
- Have fun!

Time Commitment:

- **Six-week program**—Volunteers must commit to attend and participate in all six weeks or no reference letter will be provided
- 1.5 hours weekly
- If a volunteer misses a session without notification, his or her spot in the program may be given to someone on the waiting list
- Completion of a program evaluation form, due on the last day of program

Program Locations:
Fleetwood, Guildford, Newton, Cloverdale, City Centre, Semiahmoo and Strawberry Hill Branches
Youth Services Librarians Program Hosts:
Please feel free to contact any of the Librarians if you have questions or concerns regarding the program.

<table>
<thead>
<tr>
<th>Librarian</th>
<th>Location</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irene Moreno</td>
<td>Fleetwood</td>
<td>604-598-7354</td>
<td><a href="mailto:irene.moreno@surrey.ca">irene.moreno@surrey.ca</a></td>
</tr>
<tr>
<td>Yesenia Ricardo</td>
<td>Guildford</td>
<td>604-598-7378</td>
<td><a href="mailto:yricardo@surrey.ca">yricardo@surrey.ca</a></td>
</tr>
<tr>
<td>Chloe Humphreys</td>
<td>Newton</td>
<td>604-598-7413</td>
<td><a href="mailto:chloe.humphreys@surrey.ca">chloe.humphreys@surrey.ca</a></td>
</tr>
<tr>
<td>Mehjabeen Ali</td>
<td>Strawberry Hill</td>
<td>604-501-5844</td>
<td><a href="mailto:mnali@surrey.ca">mnali@surrey.ca</a></td>
</tr>
<tr>
<td>Michelle Meech</td>
<td>Cloverdale</td>
<td>604-598-7329</td>
<td><a href="mailto:michelle.meech@surrey.ca">michelle.meech@surrey.ca</a></td>
</tr>
<tr>
<td>Stephanie Baum</td>
<td>City Centre</td>
<td>604-598-7437</td>
<td><a href="mailto:stephanie.baum@surrey.ca">stephanie.baum@surrey.ca</a></td>
</tr>
<tr>
<td>Ginny Aho</td>
<td>Semiahmoo</td>
<td>604-592-6913</td>
<td><a href="mailto:vpaho@surrey.ca">vpaho@surrey.ca</a></td>
</tr>
</tbody>
</table>
Envision Financial Reading Buddies Program

VOLUNTEER APPLICATION FORM

Blue or black ink must be used to fill in ALL pages of the application form.

First Name: ___________________________ Last Name: ___________________________

Address: _____________________________________________________________

Email: _______________________________________________________________

☐ Library staff may email me about the Envision Financial Reading Buddies program.

Postal Code: __________ Phone: __________ Date of Birth: __________

What school do you attend? __________________________ Grade: ______

Please describe your previous volunteer experience (if any): __________________________

________________________________________________________________________

Do you currently have a City of Surrey Volunteer profile? Yes ___ No ___

Why would you like to become a Reading Buddy? __________________________

________________________________________________________________________

What skills/qualities do you have that would benefit your work as a Reading Buddy? ________

________________________________________________________________________

Languages Spoken: __________________________

In order to provide the best experience for the volunteer, participants and staff, the Volunteer Resources will gather a reasonable amount of information to assist with determining a successful placement. Please provide two professional references from individuals who have known you for at least one year and who are not classmates or related to you.

I acknowledge that the Surrey Public Library is under no obligation to accept me as a volunteer. I hereby give the above my consent to verify information with references provided with this application.

Signature: __________________________ Date: __________________________

Surrey Public Library is authorized to collect personal information under the authority of the Library Act and section 26 (c) of the Freedom of Information and Protection of Privacy Act. Personal Information is collected for the purposes of Library volunteer recruitment. For questions regarding the collection of personal information, please contact the Manager of Administrative Services, 10350 University Drive, Surrey, BC, V3T 4B8, 604-598-7303.

FileNo: 2830-20-2020-02

Please return this application and completed references to the Youth Services Librarian where you are applying:

Fleetwood, Guildford, Newton, Strawberry Hill, Cloverdale, City Centre or Semiahmoo Branch
CODE OF ETHICS

As a volunteer to the City of Surrey, I agree to adhere to this Code of Ethics at all times in my service to the citizens of the City:

I pledge to:

1. Be on time for my volunteer shift, and provide my supervisor with as much notice as possible if I am unable to attend an assigned shift;

2. Abide by all written policies and guidelines provided to me;

3. Accept orientation and training in order to provide quality service;

4. Accept supervision in the performance of my duties;

5. Perform all assigned tasks to the best of my ability, and not report to work while under the influence of alcohol or illegal drugs;

6. Treat with courtesy each individual with whom I come into contact and behave in keeping with the City’s Respectful Workplace Policy and Human Rights Policy;

7. Obey all laws and regulations, including traffic laws, while volunteering for the City; and

8. Bring my best skills and abilities to my volunteer work and promote the City of Surrey.

Signature: ___________________________ Date: ___________________________

CONFIDENTIALITY AGREEMENT

1. I acknowledge that as a volunteer I may acquire information from the City and/or other parties, about certain City matters which are of a confidential nature and that this information is the exclusive property of the City and is only to be used for the benefit of the City. I also acknowledge that in some circumstances I may be given access to the personal information of others and that the disclosure of this information is not permitted.

2. I acknowledge that the information referred to above could be used to the detriment of the City and its volunteer activities and will treat as confidential all information, contacts and resources which I acquire as a volunteer. I agree not to disclose this information to any third party either during the term I am volunteering for the City or at any time after my term ends unless required by law to do so.

3. I agree that any knowledge gained as a result of my position will remain in strictest confidence.

4. I agree to exercise due care to ensure that any information I may give to others in the course of my duties as a volunteer or otherwise is information that is required to be given and is given to a party entitled to receive the information.

5. I agree I will not discuss the details of my volunteer work with any representatives of the media or publicize any of the confidential aspects of my work verbally or in writing or by any other medium of communication.

Signature: ___________________________ Date: ___________________________

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Photo/Video/Story Release Form

Surrey Libraries has my permission to use quotes / general information / photographs /
green screen / video acquired in a program / event / interview with me and/or my
children today, for use on brochures, posters, annual reports, advertisements, our
website/Internet including social media outlets (eg. Facebook, Twitter) or any other item
used by the Library and program sponsor for promotional purposes.

Adult & Youth (12 and over) or Parent/Guardian Information

Name: ___________________________________________________________

Address: __________________________________________________________________________

Phone: __________________________ Email: ________________________________

Signature: __________________________________________ Date: ______________

For children under the age 12 (parents must sign on line above):

Childs Name: __________________________________ Age: girl/boy: (circle one)

Childs Name: __________________________________ Age: girl/boy: (circle one)

Childs Name: __________________________________ Age: girl/boy: (circle one)

Personal Information is collected for promotional purposes as described on the form. Information collected for the Green Screen is
to capture an image and deliver that image to you. Surrey Public Library is authorized to collect personal information under the
authority of the Library Act and section 26 (c) of the Freedom of Information and Protection of Privacy Act. For questions regarding
the collection of personal information, please contact the Director of Administrative Services, 10350 University Drive, Surrey,
BC V3T 4B8, 604-598-7303.

File No: 7960 - Revised 2020 02
Envision Financial Reading Buddies Program

VOLUNTEER REFERENCE FORM #1

To Accompany the Volunteer’s Completed Registration Form

Dear Referee:

Your name has been provided as a personal reference by the individual indicated below. This Prospective Volunteer would like to take on a role within our program working with the community. Information provided by you will be held in confidence and assist in the screening and matching process. If you have questions, please do not hesitate to contact your Youth Services Librarian. Please fill this form in with blue or black ink.

Applicant’s Name: ________________________________________________________________
Referee’s Name: _________________________________________________________________
Referee’s Work Address:

<table>
<thead>
<tr>
<th>Apt. #</th>
<th>House Number</th>
<th>Street</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>Province</th>
<th>Postal Code</th>
</tr>
</thead>
</table>

Work Telephone: __________________ Work Email: ________________________________

You are the applicant’s:  ☐ Teacher  ☐ Coach  ☐ Supervisor  ☐ Other: __________________

How well do you know the applicant?  ☐ A little  ☐ Fairly Well  ☐ Quite Well  ☐ Exceptionally Well

Please answer the following questions as fully and frankly as possible.

How long have you known the applicant? ____________________________________________

Do you think this applicant would benefit from volunteering as a reading buddy? ____________

Why? ____________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________

Please offer any information that may assist us in determining if this is a compatible volunteer placement for the applicant? (Areas of interest, strength, or opportunities for development).

__________________________________________

__________________________________________

__________________________________________

__________________________________________

Signature: ___________________________ Date: __________________

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File No: 2830-20 – Revised 2020 02
Envision Financial Reading Buddies Program
VOLUNTEER REFERENCE FORM #2

To Accompany the Volunteer’s Completed Registration Form

Dear Referee:

Your name has been provided as a personal reference by the individual indicated below. This Prospective Volunteer would like to take on a role within our program working with the community. Information provided by you will be held in confidence and assist in the screening and matching process. If you have questions, please do not hesitate to contact your Youth Services Librarian. Please fill this form in with blue or black ink.

Applicant’s Name: ________________________________

Referee’s Name: ________________________________

Referee’s Work Address: ________________________________

Apt. # House Number Street

City                                Province                                               Postal Code

Work Telephone: __________________ Work Email: __________________

You are the applicant’s: ■ Teacher  ■ Coach  ■ Supervisor  ■ Other: __________________

How well do you know the applicant? ■ A little  ■ Fairly Well  ■ Quite Well  ■ Exceptionally Well

Please answer the following questions as fully and frankly as possible.

How long have you known the applicant? __________________

Do you think this applicant would benefit from volunteering as a reading buddy? __________________

Why? __________________

Please offer any information that may assist us in determining if this is a compatible volunteer placement for the applicant? (Areas of interest, strength, or opportunities for development).

____________________________

____________________________

____________________________

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____________________________

Signature: __________________ Date: __________________

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File No: 2830-20 – Revised 2020 02
Envision Financial Reading Buddies Program

ATTENDANCE CONTRACT

I pledge to:

1. Be on time for my volunteer sessions as scheduled, and provide my Program Coordinator, with as much notice as possible if unable to attend a given session. Contact information for the Program Coordinator at each branch can be found on the second page of the application form and will be provided at the orientation where relevant.

2. Accept that should I miss more than 1 session without notifying my Program Coordinator, I may be asked to withdraw from the Envision Financial Reading Buddies Program as a volunteer,

3. Abide by all written policies and guidelines provided to me relevant to my volunteer work,

4. Accept and complete orientation and training in order to provide quality service, and not use contacts made at the Library for business or personal gain,

5. Perform all assigned tasks to the best of my ability, not reporting to work while under the influence of alcohol or drugs,

6. Treat with courtesy each individual with whom I come into contact regardless of race, colour, religion, age, gender, sexual orientation or national ancestry,

7. Bring my best skills and abilities to my volunteer work and promote Surrey Public Library.

I confirm that I have read the above statements and agree with them and I will therefore adhere to all Attendance Contract requirements contained in this agreement or as may be otherwise directed to me in writing by Surrey Public Library during my term as an Envision Financial Reading Buddies Volunteer.

Signed at the City of Surrey, British Columbia, this day of__________________________.

Name of Volunteer (Please print)_____________________________________________________

Signature of Volunteer______________________________________________________________