Reading Buddy Program Volunteers
WANTED!

As a 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 Reading Buddy 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 Fall 2019 sessions.

Fall 2019 Sessions:
The spring 2019 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: Tues. from 4:00-5:00pm from Oct. 22nd to Nov. 26th
Orientation/Training is Tuesday Oct 15th from 4:00 to 5:00pm

Guildford Branch: Tues. from 3:45-4:45pm from Oct. 15th to Nov. 19th
Orientation/Training is Tuesday Oct 8th from 3:30 to 4:30pm

Newton Branch: Tues. from 4:30-5:30pm from Oct. 15th to Nov. 19th
Orientation/Training is Tuesday Oct 8th from 4:30 to 5:30pm

Strawberry Hill Branch: Wed. from 3:30-4:30pm from Oct. 23rd to Nov. 27th
Orientation/Training is Wednesday Oct 16th from 3:30 to 4:30pm

Cloverdale Pop-Up Branch: Wed. from 3:45-4:45pm from Oct. 16th to Nov. 20th
Orientation/Training is Wednesday Oct 9th from 3:45 to 4:45pm

City Centre Branch: Wed. from 3:45-4:45pm from Oct. 16th to Nov. 20th
Orientation/Training is Wednesday Oct 9th from 3:30 to 4:30pm

Semiahmoo Branch: Tues. from 3:30-4:30pm from Oct. 29th to Dec. 3rd
Orientation/Training is Tuesday Oct 15th from 3:30 to 4:30pm

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 a Reading Buddy 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. Once you have come in and had an interview, and have been accepted into the program, you must also agree to and 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 six 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 Libraries

Youth Services Librarians hosting the program:
Please feel free to contact any of the Librarians if you have questions or concerns regarding the program.

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Phone Number</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>Krista Harrison</td>
<td>Cloverdale</td>
<td>604-598-7329</td>
<td><a href="mailto:krista.harrison@surrey.ca">krista.harrison@surrey.ca</a></td>
</tr>
<tr>
<td>Michelle Meech</td>
<td></td>
<td></td>
<td><a href="mailto:michelle.meech@surrey.ca">michelle.meech@surrey.ca</a></td>
</tr>
<tr>
<td>Rei Kitano</td>
<td>City Centre</td>
<td>604-598-7437</td>
<td><a href="mailto:rkitano@surrey.ca">rkitano@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>
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Revised 2019 08
READING BUDDIES
VOLUNTEER APPLICATION FORM

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

Surname: ____________________________ First name: ____________________________

Address: _______________________________________________________________________

Email Address: __________________________________________________________________

Library staff may e-mail me in connection with the Reading Buddies program.

☐ Library staff may e-mail me in connection with the 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.

File No: 2830-20 – Revised 2016 08

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 Release Form

Surrey Libraries has my permission to use quotes / general information / photographs / 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 (i.e. Facebook, Twitter) or any other item used by the Library 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)

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File No: 7960 - Revised 2015 09
Reading Buddy Applicant
Reference Form

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).

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

File No: 2830-20 – Revised 2016 08
Reading Buddy Applicant
Reference Form

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: _________________________________________________________________

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___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

Signature:________________________________ Date: ____________________________________

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File No: 2830-20 – Revised 2016 08
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 librarian running the program 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 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 a Reading Buddies Volunteer.

Signed at the City of Surrey, British Columbia, this _____ day of __________, _________

__________________________________ ______________________________

Name of Volunteer (Please print) Signature of Volunteer