



2024 READING BUDDIES PROGRAM READER APPLICATION FORM

Dear Caregiver,

Thank you for your interest in the Owen Sound & North Grey Union Public Library's Reading Buddies program. This letter explains the expectations and responsibilities for participating in the program.

Research shows that young readers often experience a decline in reading skills during the summer break. Reading Buddies is a program designed to give young readers (ages 6-10), the extra practice and encouragement they need to be ready to start the new school year. A mix of fun games and one-on-one reading with a volunteer make the experience enjoyable!

Once we receive your completed application, a Library staff member will arrange a brief meeting by telephone or in person to better understand your child's interests and literacy skills to ensure the program is a good fit.

If we are able to find a match, based on your schedule and volunteer availability, your child will meet with a volunteer 1 hour per week for a maximum of 8 weeks, (week of July 1 to the week of August 19). Volunteers are screened by the Owen Sound & North Grey Union Public Library, and may be either adults from our community or high school students.

Although they receive training for the program, volunteers are not education professionals. The program is intended to maintain and reinforce existing literacy skills and is not instructional. Children should have some foundational literacy skills (for example, recognizing letters, some phonics knowledge, know some sight words)

All Reading Buddy sessions take place in the Library. You are responsible for bringing your child to and from the Library every week. Please be on time for each session. This program is an 8-week commitment that you and the volunteer have made. If you are unable to attend a session for any reason, please contact the Library as soon as possible.

Library staff do not directly supervise the reading sessions and caregivers are expected to stay in the Library while the child is meeting with Reading Buddy mentor. While some reluctance to read is expected, we ask for caregiver support when additional behaviour management may be needed. Children under the age of 10 may not be left alone. Library staff are not responsible for children unattended in the Library.

If you have any questions about this program, please contact the Youth Services Department. Happy reading!

Owen Sound & North Grey Union Public Library
Youth Services
519-376-6623 ext. 5221
ysinfo@library.osngupl.ca



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Date of Application: _____

Child's Information

Child's Name: _____

Birth Date: d _____ m _____ y _____

School: _____ Grade (as of September 2024): _____

Library Card Number: _____
(all children registered in this program must have an active library card)

I give permission for my child's photo to be taken and used in Library publicity (print and electronic):
Yes No

Please provide some information about your child's reading needs:

Please mark all of the days and times when you will be available to participate in the program. The greater your availability, the more likely it is that you will be matched.

Time	Tuesday	Wednesday	Thursday	Friday
10-11				
11-12				
12-1				
1-2				
2-3				
3-4				
4-5				
5-6				
6-7				
7-8				

Your completed application must be returned to the Library no later than Friday, June 7, 2024.

Please list any dates that you are planning to be away during July and August: _____



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Please read and understand your responsibilities

I am applying to have my child join the Owen Sound & North Grey Union Public Library's Reading Buddies program.

- I understand that my child will meet with a volunteer assigned to him/her for 1 hour/ week at a pre-arranged, mutually convenient time for a maximum period of 8 weeks.
- The volunteer will have been screened by the Owen Sound & North Grey Union Public Library.
- I understand that all Reading Buddies sessions will take place at the Library and that I am responsible for transporting my child to and from the Library.
- I understand that Owen Sound & North Grey Union Public Library staff does not supervise the reading session, and that I must remain in the Library during the reading session.
- I agree to notify the Library if my child is unable to attend a session and I will make all efforts to arrive at each session on time.

Name of parent/guardian: _____

Signature of parent/guardian: _____

Street Address: _____

City: _____ Postal Code: _____

Telephone: _____ Email: _____

Library Card Number (parent): _____

In case of an emergency during Reading Buddies, please contact:

Name: _____

Relationship to Child: _____ Telephone: _____

There will be a Reading Buddies Kick-Off Party on Wednesday, June 26 from 6:30-7:30 pm in Youth Services. This is an opportunity for you and your child to meet their Reading Buddy for the first time. We strongly encourage all Reading Buddies participants to attend this program if possible.

My child and I will be attending the June 26 Reading Buddies Kick-Off

Yes No

We thank all applicants for their interest; however, only those being considered for an interview will be contacted. In accordance with the Municipal Freedom of Information and Protection of Privacy Act, personal information is collected under the authority of the Municipal Act, and will only be used for candidate selection.