



## 2025 READING BUDDIES PROGRAM VOLUNTEER APPLICATION PACKAGE

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Dear Reading Buddy Applicant,

Thank you for your interest in volunteering with the Owen Sound & North Grey Union Public Library Reading Buddies Program. In this package you will find the documents necessary to complete your application. If selected, you will be contacted for a brief interview.

Research shows that children often experience summer reading lag during the summer school break. Reading Buddies is a program designed to give young readers (ages 6-10), the extra practice and encouragement they need during this time. A mix of fun games and one-on-one reading with a volunteer make the experience enjoyable!

- Reading Buddies Application Form (attached)
  - Both sides of this form must be completed in full.
  
- One Reference Form (attached)
  - Your reference must complete this form and return it to you in a signed, sealed envelope. Individuals who complete these forms must not be related to you.
  
- Vulnerable Sector Check Application (for volunteers 18 years and older only)
  - During the interview, you will be asked to submit a Police Vulnerable Sector Check (PVSC) form. Before starting your weekly meetings with your buddy, volunteers are required to submit the processed PVSC to Owen Sound & North Grey Union Public Library
  
- I can attend the Reading Buddies Kick-Off Party on Wednesday, June 25, 6:30-7:30 pm in Youth Services.**
  
- If selected as a Reading Buddy, I can attend a mandatory training session on Friday, June 27 from 10:30 am – 1:30 pm in the Library Auditorium. Lunch will be provided. Please indicate any dietary requirements here:**

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All documents listed above must be submitted for the application to be considered. Late applications cannot be accepted.

If you have any questions about the Reading Buddies Program or the application process, please contact Cassie Wood. Happy reading! 😊

Cassie Wood, Youth Services Specialist

Owen Sound & North Grey Union Public Library

519-376-6623 ext. 5221

[cwood@library.osngupl.ca](mailto:cwood@library.osngupl.ca)



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### Please complete all sections of the form

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Library Card Number: \_\_\_\_\_

Name of school currently attending (if applicable): \_\_\_\_\_

I attend school in French Immersion:  Yes  No

I am interested in working with more than one child this summer:  Yes  No

If you are not a student:  
Occupation (if applicable): \_\_\_\_\_

**Please check off the days and time when you will be available to participate in the program. The greater your availability, the more likely it is 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 6, 2025.**

**Please list any dates you will be away during the summer:**

\_\_\_\_\_



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**Reading Buddy Volunteers must be in Grade 9 or above.**

**We thank all applicants for their interest in the program, however, only those selected for an interview will be contacted.**

1. Why are you volunteering to be a Reading Buddy?

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2. Outline any experience you have working with children, or participating in a Reading Program.

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3. What qualities do you have that would make you a great Reading Buddy?

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4. Why do you think reading is important in a high-tech world?

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5. What do you enjoy reading?

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6. What is your favourite children's book, and why is it your favourite?

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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.



## 2025 READING BUDDIES PROGRAM VOLUNTEER APPLICATION PACKAGE

Dear Referee,

Please use this form to provide a written reference for \_\_\_\_\_ (volunteer's name) who has applied for the Reading Buddies program at the Owen Sound & North Grey Union Public Library. The Reading Buddies program pairs volunteers with a child in grades 1-5. The pair meets once a week at the Library for 8 weeks to help the child practice reading. The Library screens all volunteers by asking for written references. Your responses are confidential.

**Please complete this form, seal it in an envelope, sign across the flap of the sealed envelope, and return it to the applicant.** Thank you for your assistance and taking the time to complete this form.

Referee: \_\_\_\_\_  
Name (please print) Signature

Occupation: \_\_\_\_\_

Referee's Phone Number: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Questions:**

1. How long have you known the applicant?

\_\_\_\_\_  
\_\_\_\_\_

2. What words would you use to describe this person?

\_\_\_\_\_  
\_\_\_\_\_

3. Have you had the opportunity to see this person interact with children? If so, describe the experience.

\_\_\_\_\_  
\_\_\_\_\_

4. Do you think this person will be suitable for the Reading Buddies program? Why or why not?

\_\_\_\_\_  
\_\_\_\_\_



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5. On a scale of 1 to 5 (5 being the highest) please indicate how you feel the applicant scores on the following personal characteristics (circle the appropriate number for each characteristic):

Responsibility	1	2	3	4	5
Dependability	1	2	3	4	5
Work Ethic	1	2	3	4	5
Ability to Relate to Children	1	2	3	4	5
Patience	1	2	3	4	5

6. Is there anything else that you would like to tell us about this person?

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The Owen Sound & North Grey Union Public Library may contact you to confirm the information provided. If you have any questions or concerns, please contact the Library at 519-376-6623 ext. 4.