

# **STUDY BUDDIES: HOMEWORK HELP PROGRAM**

## **School Year 2013-14**

### **Attention potential volunteers:**

The Mastics-Moriches-Shirley Community Library is seeking motivated, dedicated students in grades 6 - 12 to participate in our Homework Help project, STUDY BUDDIES. Volunteers will be paired with students in Kindergarten – 5<sup>th</sup> grade in order to lend them a helping hand with homework at the Community Library.

**STUDY BUDDIES SCHEDULE** – From October 2013 – May 2014, we will be offering homework assistance at the Community Library on Tuesdays, 4:30 – 6:00 p.m. and Wednesdays, 6:30 – 8:00 p.m.

Applications are accepted on a rolling basis, so volunteers can apply at any time from September 2013 – April 2014; however we cannot guarantee that all applicants will be able to participate in this program.

This is a serious commitment to your community and to the children that you help with homework. **Please do not apply unless you can commit to attending consistently.**

We do not meet on days that the William Floyd Schools are closed. This includes holidays and school vacations, PLUS any days that school is closed for snow or other reasons. Calendars will be distributed as part of your training packet.

Are you ready to be a Study Buddy? Fill out the attached [Volunteer Application](#), and ask a teacher, counselor, or other adult leader (NOT your parent or other relative!) to fill out the [Volunteer Recommendation Form](#). If you are under 18, your parent/guardian will have to fill out and sign the [Volunteer Permission Form](#).

Turn in all forms at the Mastics-Moriches-Shirley Community Library Teen Area. We are accepting applications on a rolling basis. Once your application is approved, you will be called to schedule your training session and begin volunteering.

Please feel free to contact Lorraine Squires at 631-399-1511 x365 or [lorraine.squires@gmail.com](mailto:lorraine.squires@gmail.com) with any questions.



## STUDY BUDDY VOLUNTEER -- CHARACTER REFERENCE FORM

*This form should be filled out by a teacher, guidance counselor, youth group leader, or another adult who knows you through school, work, or volunteering. No family members or friends, please!*

\_\_\_\_\_ is applying to be a Study Buddy Volunteer, helping younger students with their homework. We screen all volunteers by asking for written character references. Could you please provide a character reference for him/her?

*If you have any questions about the Study Buddy Volunteer Program, please contact Lorraine Squires at MMSCL's Teen Area: 631-399-1511 x365.*

How do you know this student? \_\_\_\_\_

How long have you known him/her? \_\_\_\_\_

Does he/she have the time, patience, and reliability to work with children? \_\_\_\_\_

What special qualities could he/she bring to this program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there anything else we should know? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number or Email Address



## Study Buddy Volunteer Application Form pg 2.

### CONTRACT:

As a Study Buddy Volunteer, I will:

- Be prompt: arrive on time for my scheduled Study Buddies session.
- Be consistent: plan on being present at each session that I have volunteered for (Holidays and school closings excepted).
- Contact the Library Teen Area promptly if I am unable to attend a session.
- Sign in before each session, communicate clearly with the library staff in charge of the program and turn in my worksheet at the end of each session.
- Conduct myself as a positive role model for the children in the Study Buddy program.
- Have fun and enjoy time spent helping community children!

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### IMPORTANT:

*If you are under 18 years of age, you need to obtain parental permission to volunteer in this program. Please ensure the form below is completed by your parent or guardian. If you have any questions about the Study Buddy Volunteer Program, please contact Lorraine Squires at MMSCL's Teen Area: 631-399-1511 x365.*

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*Parent/Guardian Permission*

I give permission for (volunteer's name) \_\_\_\_\_ to volunteer as a Study Buddy at Mastics-Moriches-Shirley Community Library.

I understand that the Study Buddies program meets as follows:

Tuesday afternoons, 4:30 – 6:00 p.m, OR Wednesday evenings, 6:30 – 8:00 p.m. starting October 1, 2013. **All sessions are at the Mastics-Moriches-Shirley Community Library.** When school is closed, either for a holiday or an emergency, Reading Buddies will not meet. A calendar will be distributed during training.

Name of Parent/Guardian: \_\_\_\_\_

Emergency Telephone # \_\_\_\_\_

My child is volunteering for (check one):

Tuesdays 4:30 – 6:00 p.m.

Wednesdays 6:30 – 8:00 p.m.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date