

## **TEEN VOLUNTEERS KEEP THIS PAGE**

### **COMMUNITY SERVICE APPLICATION: SCHOOL YEAR 2019-2020**

#### **Reading Buddies**

##### **Attention potential volunteers:**

The Mastics-Moriches-Shirley Community Library is seeking motivated, dedicated teens for Reading Buddies. Teens in grades 7-12 read together with younger children during the library's ESOL classes at William Floyd High School.

##### **Reading Buddies at William Floyd High School:**

Tuesdays, 7:00-8:45 pm

Wednesdays, 7:00-8:45 pm

This year's program will start Tuesday, September 17, 2019 and continue through May 2020. We do not meet on days that the William Floyd School District is closed. This includes holidays and school vacations, PLUS any days that school is closed for snow or other reasons.

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

##### **PROGRAM REQUIREMENTS:**

All volunteers must have up-to-date, valid library cards, in good standing with MMSCL.

Volunteers must commit to attending their programs regularly. Volunteers who do not attend the programs regularly and/or do not call in when they are going to be absent will be disqualified from the library's community service program.

Applications must be filled out completely, including the parent/guardian's signature for volunteers under age 18, and the Character Reference form, which must be filled out by a teacher, guidance counselor, youth group leader, or another adult who knows you through school, work, or volunteering. Incomplete applications will not be accepted.

Turn in all forms at the Mastics-Moriches-Shirley Community Library Teen Area.

**Contact Information:** Please feel free to contact Stephanie Kyle at 631-399-1511 x365 or [skyle@communitylibrary.org](mailto:skyle@communitylibrary.org) with any questions.



**Community Service Application Form -- pg 2.**

**CONTRACT:**

As a Reading Buddy Volunteer, I will:

- Attend a training session with Library staff, and read all materials carefully;
- Meet at my designated programs for all scheduled sessions on time and ready to help make learning fun;
- Contact the Library promptly if I am unable to attend a session (contact forms will be distributed at the training);
- And conduct myself as a positive role model for the child(ren) I am working with.

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Signature

Date

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**Library Community Service --- PARENT/GUARDIAN PERMISSION FORM**

*This form is mandatory for any volunteer teen under age 18. If you have any questions about the Library's community service, please contact Stephanie Kyle at 631-399-1511 x365 or [skyle@communitylibrary.org](mailto:skyle@communitylibrary.org).*

I am the parent/guardian of \_\_\_\_\_ and I give permission for him/her to volunteer as part of our Reading Buddies program.

Please let us know if there is anything the library needs to know about this volunteer:

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

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

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Signature of Parent or Guardian

Date

**LIBRARY COMMUNITY SERVICE: 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 volunteer in our library programs, tasked with assisting elementary school children with homework and reading skills. 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 Library Community Service Program, please contact Stephanie Kyle at 631-399-1511 x365 or [skyle@communitylibrary.org](mailto:skyle@communitylibrary.org)*

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

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