



READING BUDDIES TEEN APPLICATION (For Teens in Grades 8-12)



Date _____

Teen's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Name of School: _____

Home/Cell Phone: _____ Teen's Cell phone: _____

Teen's E-mail (Optional): _____ Age: _____

My GPA (Grade Point Average) is: _____ (Please bring your most recent report card for verification.) (Teen buddies must have a 3.0 (B) average to qualify for this program.)

Parent's/Guardian's Name: _____

Parent's/Guardian's Cellphone: _____

AGREEMENT

As a Teen Buddy, I will:

- Attend a training session required of all Teen Buddy participants.
- Commit to attending all scheduled Reading Buddy on dates for this session. Failure to attend two (2) or more consecutive dates may result in dismissal, or no volunteer hours will be awarded.
- Call the Reading Buddies coordinator before the program if I cannot attend.
- Follow the rules of conduct and program guidelines set forth in the training session.

_____ (Parent's/Guardian initial) I give my permission for my child to participate in the Reading Buddies Program.

Teen Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Palm Springs Public Library
217 Cypress Lane, Palm Springs, FL 33461
561-584-8350 www.vpsfl.org

For Office Use Only:

____ Reference Received Date: _____ Staff Initials: _____
 ____ GPA Verified Date: _____ Staff Initials: _____



Reading Buddies

Teen Buddy Reference Questionnaire



_____ (name of applicant) has applied to be a teen Buddy at the Palm Springs Public Library. This position requires one-on-one interaction with young children (kindergarten through 5th grade) which includes by reading to children, and/or listening to children read, and for the purpose of helping with the children’s reading skills through various games and activities. All applicants are asked to both provide references regarding their ability to both read to and interact with children. References can be a teacher, school counselor, employer, community leader, etc., but they cannot be a relative. Reference individuals, please fill out this form and return it to the library in the envelope provided.

1. How long have you known the applicant? _____
2. What is your relationship to the applicant? _____
3. Does he/she have the patience and the ability to work well with young children? Please explain. _____

4. What special qualities does he/she have that would help in being a successful Teen Buddy? _____

5. Do you have any additional comments concerning the applicant’s character or reliability?

Signature of reference

Name (Please print)

Street Address

City

State

Zip code

Telephone Number

Date

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Palm Springs Public Library

General Rules of Conduct



Dress: Proper attire is required. Acceptable dress includes jeans, pants, leggings, Capri slacks, long shorts, close toed shoes, back strapped sandals, tennis shoes, dresses, skirts, hoodies, t-shirts, shirts. The library is often very cool, a sweater, or long sleeve shirt is suggested if you are sensitive to cold.

Please do not wear:

- ripped or torn pants or jeans
- midriff short shirts, tank tops, crop tops
- shirts with offensive or vulgar slogans or images
- Short shorts, booty shorts
- No flip-flops

Conduct: Teen Buddies are expected to conduct themselves in an appropriate manner while in the library. Inappropriate conduct includes actions, which reflect unfavorably on the Library, the public, or attendees. Personal threats, profane or abusive language in dealing with employees, the public, or attendees will not be tolerated. Attending under the influence of alcoholic beverages, narcotic, hallucinogenic, or other illegal drugs is prohibited. No Teen Buddy shall act as a spokesperson for the library. Teen Buddies shall not reveal confidential information to unauthorized persons. Solicitation of goods, funds, or services is prohibited on library property during Reading Buddies.

Personal Effects: The library shall not be responsible for personal items brought to the program.

Violation of these rules may result in immediate termination from the Reading Buddies program.

My signature indicates that I have read, understand, and agree to abide by the General Rules of Conduct.

Teen Buddies Signature

Date

Parent/Guardian, if under the age of 18

Date

Program Coordinator/ Library Staff

Date