

Being a Teen Reading Buddy is Rewarding!

Make a difference by being an enthusiastic
reading role model for a child.

Share your love of books and reading with a child.

Earn volunteer/community service hours!

Receive a Reading Buddy certificate!



TEEN VOLUNTEER PROGRAM

-Summer 2009-

*Make a
difference for
a young
child!*

*Share your
love of
reading with
children!*



READING BUDDIES
OCEAN COUNTY LIBRARY

*Sign up
today!*

**Kid Buddy + Teen Buddy =
Summer Reading Fun!**

*Be a
reading role
model!*

Ocean County Library
Connecting People, Building Community
www.theoceancountylibrary.org

TEEN READING BUDDIES APPLICATION

Complete Entire Application and Return

Deadline: June 15, 2009

Reading Buddies at the Toms River Branch

Monday, June 29, 2009 – Wednesday, August 12, 2009

For teens who have completed grade 6

Scheduling

Reading Buddies meet at the following times. **Please circle all time slots you are available** to maximize your chances to be accepted into the program. You will be scheduled based on the availability of a Kid Buddy.

Mondays 10 am 11am 2pm 3pm 6pm 7pm

(6/29, 7/6, 7/13, 7/20, 7/27, 8/3, 8/10)

Tuesdays 10 am 11am 2pm 3pm 6pm 7pm

(6/30, 7/7, 7/14, 7/21, 7/28, 8/4, 8/11)

Wednesdays 10 am 11am 2pm 3pm 6pm 7pm

(7/1, 7/8, 7/15, 7/22, 7/29, 8/5, 8/12 - morning only)

Thursdays 10 am 11am 2pm 3pm 6pm 7pm

(7/2, 7/9, 7/16, 7/23, 7/30, 8/6)

Yes! I can attend the Kick-Off Program* on Tues., 6/23, 6:00 - 8:00 pm.

Yes! I can attend the Closing Program** on Wed., 8/12 @ 2:00pm.

Yes! I agree to call in advance if unable to attend a session.

If I cannot be matched with a Kid Buddy, I am willing to be a Reading Buddy substitute.

Please list any dates that you would not be able to attend due to vacation.

Teen and Reading Buddies must complete a minimum of 5 sessions to complete the program.

Questions?

Call 732-349-6200 x5202 or x5203

Teen Name _____

Parent's Name _____

Address _____

School _____ Grade in September '09 _____

Home phone _____

Parent's Cell Phone _____

Teen Cell Phone _____

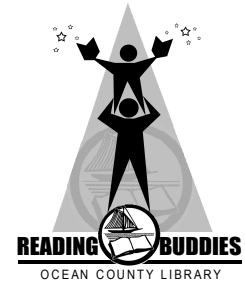
Email _____

Date of Birth _____

I hereby grant my permission for my child/charge to participate in the Reading Buddies Teen Volunteer program at the Ocean County Library and any subsequent volunteer programs.

Parent or Guardian's Signature

Teen Buddy Signature



Drop off your application form to the Toms River Branch, Teen Zone Drop Box.

Or mail to:

Ocean County Library
Teen Services Dept.
101 Washington Street
Toms River, NJ 08753

*The Kick Off program is designed to give you reading strategies and tips for being a great Teen Buddy.

**The Closing Program is a chance for you and your buddy to celebrate your success. Teen Buddies are thanked for their time and dedication to the program.