

# Leading to Reading

## Volunteer Application

### Accessibility Statement:

If you identify as a person with a disability or a person who is Deaf, and require this document in an accessible format, please contact [LTRsubmissions@tpl.ca](mailto:LTRsubmissions@tpl.ca) or use the online form at [tpl.ca/accessibility](http://tpl.ca/accessibility) to make a request.

- Your application will only be considered if fully completed and accompanied by two reference contacts.
- Hand in your completed application to any Toronto Public Library branch. Branch staff will forward your application to an LTR office at either the Albion or Fairview branch.
- If completing online, send to [LTRsubmissions@tpl.ca](mailto:LTRsubmissions@tpl.ca) and put your Last and First names in the subject heading.

**Today's Date:** \_\_\_\_\_

### 1. Personal Information

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

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

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

Primary Phone (required): \_\_\_\_\_ Occupation (if any): \_\_\_\_\_

Email address (required): \_\_\_\_\_

Age category: ☐ Youth under 18, ☐ Youth 19-24, ☐ Adult 25+

At which branch(es) do you wish to volunteer? \_\_\_\_\_

**Have you been a volunteer at any other Toronto Public Library program or service?**

Yes\_\_\_ No\_\_\_ If yes, which program/service and location \_\_\_\_\_

### For Library Staff Use Only:

SS                      DB                      101                      Training                      VSC                      Accepted?: Y / N

**2. Relevant Experience**

**Why do you want to be a Leading to Reading volunteer:**

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**Education including, if in school, current grade level:**

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**Work Experience:**

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**Volunteer Experience & Experience with Children:**

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**Skills, Interests, Hobbies, Other Experience:**

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**What do you feel would be the keys to motivating a struggling reader to find enjoyment in reading:**

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**How would you respond to a child who says, “We don’t need to read books, we have the Internet now!”:**

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### 3. Two References Required

#### Professional Reference:

A professional reference can be any individual who is/was in a supervisory capacity to you (academic, volunteer or work) that has known you for at least 6 months.

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

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

Phone (required): \_\_\_\_\_ Email (required): \_\_\_\_\_

Relationship to you: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

#### Personal Reference:

A personal reference can be a friend or co-worker whom you have known for at least 6 months.

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

Phone (required): \_\_\_\_\_ Email (required): \_\_\_\_\_

Relationship to you: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

### 4. Reference Check Release:

I authorize the Toronto Public Library to contact the persons listed above for the purpose of obtaining reference information in connection with my application for this volunteer position. These persons are authorized to disclose such reference information.

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

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

## 5. Vulnerable Sector Check

Please note that we ask applicants to complete the Vulnerable Sector Check (VSC) form after they have been accepted as a volunteer into the service. The Toronto Public Library covers the cost of the VSC on your behalf.

☐ I acknowledge that the volunteer screening process at the Toronto Public Library includes a Vulnerable Sector Check and the collection of personal information.

## 6. Signature

I confirm that all of the information included in this application form is true and complete.

I understand that an incomplete application will not be considered, and that providing false or misleading information may result in being removed from this position, regardless of the time of discovery.

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

**Thank you!**

**Only those selected for an interview will be contacted. We appreciate your interest in volunteering with the Toronto Public Library.**

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Your personal information is collected under the Public Libraries Act (s. 20(a), 20(c), and 20(d)). This information will be used to register you, contact your references, manage your placement in the volunteer programs, and recognize you for your service to Toronto Public Library (through references or other ways). Questions about how the Toronto Public Library handles your information can be directed to the Manager, Social Development, 789 Yonge Street, Toronto, ON M4W 2G8, (416) 395-5502 or email [volunteer@tpl.ca](mailto:volunteer@tpl.ca).