



Leading to Reading Leader Application Form **2017 Program Year**

Name: _____ Age: _____
First Name Last Name m/d/y

Address: _____
Street Address

Telephone: _____ Email Address: _____
(Is this a good way to contact you? ____yes ____no)

Parent's Name(s): _____

Emergency Contact: _____
Name Phone number Relationship

School Name: _____ Grade: _____

Volunteer Experience: _____

Extracurricular activities and expected time requirements this year: _____

List any special skills, talents or interests that you would want to share in this program:
(ie: music, art, crafts) _____

Please answer these questions as completely as possible:

What is it about this program that interests you in participating?

Have you had any other experience working with young children? If so, tell us about your experience: _____

When you are in a new or challenging experience what personal strengths and resources do you possess to meet the challenge? _____

What do you hope to accomplish over the duration of the program?

**SIGNATURES ARE REQUIRED FOR THE FOLLOWING FIVE SECTIONS IN
ORDER FOR THIS APPLICATION TO BE CONSIDERED.**

1. LEADER (Youth) Declaration

I understand that this program involves training, orientation and support of young readers. I acknowledge the importance of my full commitment as my Reading Partner is depending on me. My reading sessions will occur **TUESDAYS from 3:45 to 5pm** at the Public Library beginning March 7/17. Teens are also expected to attend an orientation session on Feb 28 at 3:45 pm in the Lang Room at city hall.

*If accepted into the program you will be notified by the Program Coordinator. At that time you will be informed of the details of the September training session and orientation and first visit, which will take place later in March. **You will require a Criminal Record Check to participate in the program. Once accepted, you will be given a letter from the City of Fort Saskatchewan allowing you to complete your check free of charge.***

Please acknowledge that you have completed this form as accurately as possible and wish to be considered for the *Leading to Reading* Program in the 2017/2018 school year.

Student Signature: _____ Date: _____

2. Parent Declaration

I have read the attached description of the *Leading to Reading* Program. I am aware my son/daughter will be traveling off the school site to the library for visits with his/her Reading Partner. My son/daughter is responsible for finding transportation to and from this program. By signing this application form I give my approval for her/him to be involved. If you have any questions please contact Krista Allan at 780.992.6265.

Parent/Legal Guardian Signature: _____ Date: _____

3. Photo/Media Release

From time to time, printed stories, photographs and or video footage are taken by the City of Fort Saskatchewan/Fort Saskatchewan Public Library *Leading to Reading* Program Coordinators or the media. These stories, photographs/video footage may be included in City of Fort Saskatchewan/Fort Saskatchewan Public Library archives, or used as gifts for Leaders and Reading Partners. Particularly aesthetically pleasing photos, stories or video that capture the essence of the program may be used for publicity, training and public relations.

I do hereby agree to give the City of Fort Saskatchewan/Fort Saskatchewan Public Library and media sources permission to take pictures of my child while participating in the *Leading to Reading* Program for the purpose of advertising, promotion and publicity campaigns.

☐ Yes ☐ No

I acknowledge that there will be no compensation for the use of these photographs, videos or stories and release the City of Fort Saskatchewan/Fort Saskatchewan Public Library and its agents of any liability resulting from the use of same.

Parent/Legal Guardian Signature: _____ Date: _____

Please Print Name: _____

4. Assumption of Risks

PLEASE READ CAREFULLY!

Name of Child (Print): _____

Name of Parent (s) (Print): _____

Assumption of Risks

In connection with my child's application to participate in the *Leading to Reading* Program, offered by the City of Fort Saskatchewan/Fort Saskatchewan Public Library, wherein my child will volunteer his/her time to attend the Fort Saskatchewan Public Library, I confirm that I am aware of the risks associated with my child's participation in the *Leading to Reading* Program, including but not limited to:

- (a) My child will be considered a supervisor for his/her Reading Partner as part of the buddy system upon which the *Leading to Reading* Program is structured. One Program Coordinator will be onsite as well. My child will be involved in reading and reading related activities that could involve physical activity.
- (b) The facilities at which the *Leading to Reading* Program will be carried out are not under the control of the personnel of the City of Fort Saskatchewan/Fort Saskatchewan Public Library. The Fort Saskatchewan Public Library is a public space accessed by individuals not associated with the *Leading to Reading* Program while the program is in session.
- (c) It is our policy that student volunteers maintain the privacy of their Reading Partner(s) by not disclosing personal information. Parents, please discuss this policy with your child. This information will also be covered with the students during their training time.

I have discussed with and explained to my above named child the foregoing risks. Myself and my child freely accept and fully assume all such risks (both legal and physical), dangers and hazards, whether known or unknown, and the possibility of personal injury, death, property damage or loss, resulting from them.

5. WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of *Leading to Reading* allowing my above named child to participate in the *Leading to Reading* Program as offered by the City of Fort Saskatchewan/Fort Saskatchewan Public Library, I hereby:

1. **WAIVE ANY AND ALL CLAIMS** that I have or may have in the future against the City of Fort Saskatchewan/Fort Saskatchewan Public Library as a result of my participation in the *Leading to Reading* Program, regardless of such risks being caused by the negligence of the City of Fort Saskatchewan/Fort Saskatchewan Public Library;

2. **RELEASE the City of Fort Saskatchewan/Fort Saskatchewan Public Library** from any and all liability from any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer as a result of my participation in the *Leading to Reading* Program due to any cause whatsoever, including negligence, breach of contract, or breach of any statutory or other duty of care, including any duty of care owed under the Occupiers' Liability Act,
3. **HOLD HARMLESS AND INDEMNIFY the City of Fort Saskatchewan/Fort Saskatchewan Public Library** from any and all liability for any damage to the property of, or personal injury to, any third party, resulting from my participation in the *Leading to Reading* Program except those directly related duties I am required to perform and which duties directly performed were not performed with willful or malicious intent;
4. This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND THAT I HAVE EXECUTED THIS AGREEMENT VOLUNTARILY.

Signed this _____ day of _____, 20 ____.

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____

SIGNATURE OF LEADER (YOUTH) PARTICIPANT: _____

WITNESS: _____

This agreement must be completed in full (without any alterations), signed, dated and witnessed before the child may utilize the City of Fort Saskatchewan/Fort Saskatchewan Public Library *Leading to Reading* Program.

PRIVACY STATEMENT

The City of Fort Saskatchewan respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to privacy. We use your personal information to keep you informed regarding our activities, and for acknowledgement in *Leading to Reading* materials. If at any time you wish to be removed from these contacts, call 780.992.6265 or email us at kallan@fortsask.ca and we will gladly accommodate your request.

This personal information is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy act and will be used to record attendees and establish a contact list. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact the City of Fort Saskatchewan FOIP Coordinator at 780-992-6236; 10005 – 102 Street, Fort Saskatchewan, Alberta, T8L 2C5.