GREATER VICTORIA PUBLIC LIBRARY TEEN VOLUNTEER

Request for Referral

VOLUNTEER AT THE LIBRARY!

Teen's name _____ Teen's email/phone: _____

Parent/Guardian's name_____ Parent/Guardian signature_____

The Greater Victoria Public Library offers several **volunteer opportunities** for teens 13-18 years old.
This referral will be kept on file and applies to **ANY** of the following programs:

☐ The **Reading Buddies** program pairs teens with children who are in Grades 1-4 to practice reading and writing and participate in fun, literacy-based activities. Enthusiastic **Big Buddies** provide a positive and encouraging attitude about reading and writing for the **Little Buddies**.

☐ The **Tech Buddies** program pairs teens with older adults for one-on-one help with computers and new technologies. **Teen Tech Buddies** connect with people in the community and engage in lifelong learning together.

☐ The **Teen Council** members work on special projects, represent the library at community events, and help develop library services and programs for teens from a youth perspective. **Teen Council** members advise the library and use their leadership skills to make a difference.

☐ The **DigiLab** helps teens develop leadership skills, earn volunteer hours and use their creativity and tech skills to help other teens.

(Teen's Name) _____ would make a good volunteer at the Greater Victoria Public Library for the following reasons (please check each applicable box):

- ☐ He/she likes to participate in fun activities with other community members
- ☐ He/she is responsible and reliable and is committed to attending each session of the program
- ☐ He/she is fluent in English (required for participation in English Reading Buddies only)
- ☐ He/she is fluent in French (required for participation in French Reading Buddies only)
- ☐ He/she is enthusiastic and knowledgeable about computers (required for participation in Tech Buddies only)

Comments:
_____
_____
_____
_____

Your name: _____ Telephone: _____
School or Institution (if applicable): _____
Relationship to candidate (Non-family member): _____

Signed: _____ Date: _____

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