

2022 ONLINE READING RESOURCE PROGRAMME VOLUNTEER READING BUDDY APPLICATION FORM

About the Organization:

Knowledge to Enable Your Success, Inc. is a nonprofit organization established and incorporated in Barbados to benefit the youth by promoting positive values through programmes that are designed to encourage mental, spiritual and educational growth. Our programmes aim not only to provide youth with the KEYS to enable them to improve their socioeconomic circumstances, but more importantly to empower them to become the next generation of leaders.

The Programme:

Knowledge to Enable Your Success, Inc. established our Online Reading Resource programme in 2020 to provide support to Barbadian students. In the spirit of Caribbean unity, applications from all Caribbean students are accepted regardless of race, color, creed, religion, sexual orientation, age, gender, disability, or national origin.

About the Programme:

The Online Reading Resource Programme was created to provide academic enrichment for Barbadian youth, especially those from underserved communities. The aim of these online sessions is to supplement students' reading, comprehension and vocabulary lessons. Additionally, the programme aims to foster a love of reading, develop social skills, help struggling readers and improve literacy skills and speaking fluency. The sessions are in group format - one instructor to two students, or individual - one to one, based on the initial assessments and need. **The programme is now available to Primary School students across the Caribbean** on Mondays and Wednesdays at 6:00pm – 6:40pm.



Dear Reading Buddy Applicant,

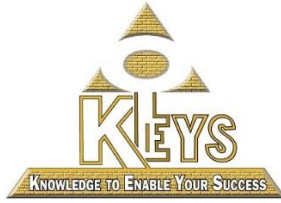
Thank you for your interest in volunteering to be a Reading Buddy with Knowledge to Enable Your Success, Inc. Online Reading Resource Programme. In this package you will find the documents necessary to complete your application.

- Reading Buddy Application Form (attached)
- One Reference Form (attached) - Individual who completes this form must not be related to you.
- Police Certificate of Character for volunteers 18+
- Photo identification

All documents listed above must be submitted for the application to be considered. Successful applicants will be required to attend an interview and orientation / training session. If you have any questions about Knowledge to Enable Your Success, Inc. Online Reading Resource Programme or the application process, please contact us at yourmasterkeys@gmail.com.

Sincerely,

Knowledge to Enable Your Success, Inc.



SUMMARY

Under the direction of a designated supervisor, provides reading practice to children aged 6-11.

RESPONSIBILITIES

1. Provide reading practice in a supervised group setting.
2. Create an encouraging and positive environment for readers.
3. Identify child's reading interests and help select appropriate reading materials.
4. Use literature and computer technologies to support the development of literacy skills as appropriate.
5. Good attendance and punctuality is required.
6. Supports the Mission, Vision and Values of Knowledge to Enable Your Success, Inc.
7. Record hours worked and tasks accomplished if required for community service placements.

QUALIFICATIONS

- Completed Form 4 of secondary school
- Proficiency in English language.
- Ability to read and recite texts proficiently.
- Ability to communicate courteously and effectively.
- Enthusiasm for working with children.
- Patient, dependable and reliable.
- Volunteers 18 years or older must obtain and submit a Police Certificate of Character

TIME COMMITMENT

- Volunteers must commit to a minimum participation level of 1 hour per week as scheduled for the duration of the programme (excluding holidays).

APPLICATION PROCESS

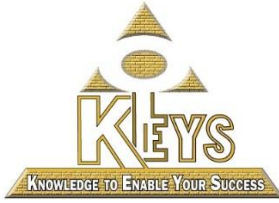
- Volunteers must complete and submit a Reading Buddy application.
- Volunteers must submit one reference letter and successfully complete an interview.

TRAINING

- Volunteers must attend an orientation/training session prior to participating in the programme.

BENEFITS

- Volunteers will gain valuable work experience and develop teamwork and leadership skills.
- Volunteers will earn community service hours for their secondary school diploma



Please complete all sections of the form

Name: _____
Street Address: _____
City: _____ Postal Code: _____
Home Telephone: _____ Mobile: _____
Email: _____
Date of Birth: _____ Form/Year: _____ Age: _____
National Registration #: _____
Name of School currently attending (if applicable): _____

- I give Knowledge to Enable Your Success Inc. permission to contact me regarding other volunteer opportunities.
- I give Knowledge to Enable Your Success Inc. permission to contact me regarding other programmes.

If you are not a student:

Occupation (if applicable): _____
Work Telephone (if applicable): _____

Please check the box for your availability:

Online Reading Resource Programme Reading Buddy:

- Mondays 6:00 – 6:40pm
- Wednesdays 6:00 – 6:40pm



We thank all applicants for their interest in the programme. Those selected for an interview will be contacted.

1. Why are you volunteering to become a Reading Buddy?

2. Outline any experience you have had working with children or participating in a Reading Programme.

3. What qualities do you have that would make you a great Reading Buddy?

4. Why do you think reading is important in a high-tech world?

5. What do you enjoy reading?

6. What is your favourite children's book, and why is it your favourite?

Signature _____ Date: _____



Dear Referee,

Please use this form to provide a written reference for _____
(volunteer's name) who has applied for the Reading Buddies programme at Knowledge to Enable Your Success, Inc. The Reading Buddies programme pairs volunteers with a child between the ages of 6 and 11. The pair meets weekly online through Google Meet for twelve weeks to help the child practice their reading and comprehension. Knowledge to Enable Your Success, Inc. screens all volunteers by asking for written references. Your responses are confidential.

Please complete this form, scan(or take a photo) it, and email it to us at yourmasterkeys@gmail.com. Thank you for your assistance and for taking the time to complete this form.

Referee: _____

Name (please print)

Signature

Occupation: _____

Referee's Phone number: (____) _____ Today's Date: _____

How long have you known the applicant? _____

Questions

1. How do you know the applicant?

2. What words would you use to describe this person?



3. Have you had the opportunity to see this person interact with children? If so, describe the experience.

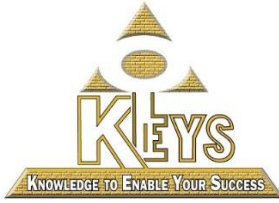
4. Do you think this person will be suitable for the Reading Buddies programme? Why or why not?

5. On a scale of 1-5 (5 being the highest) please indicate how you feel the applicant scores on the following personal characteristics (circle the appropriate number for each characteristic).

- | | | | | | |
|-------------------------------|---|---|---|---|---|
| Responsibility | 1 | 2 | 3 | 4 | 5 |
| Dependability | 1 | 2 | 3 | 4 | 5 |
| Work Ethic | 1 | 2 | 3 | 4 | 5 |
| Ability to Relate to Children | 1 | 2 | 3 | 4 | 5 |
| Patience | 1 | 2 | 3 | 4 | 5 |

6. Is there anything else you would like to tell us about this person?

Knowledge to Enable Your Success, Inc. may contact you to confirm the information provided. If you have any questions or concerns, please contact us at yourmasterkeys@gmail.com.



Persons 18 years of age and older

I _____, hereby give permission for the photograph(s) taken at all Reading Buddy activities throughout the year to be used by Knowledge to Enable Your Success, Inc. and/or the media in electronic or print publications, and online communication vehicles, to promote our programmes and services.

If the photograph is used in a publication, I authorize

- My full name to be used
- I do not authorize my name to be used

Signed _____

Parental consent is required for photographs of persons under 18 years of age

I, _____ (name of parent/guardian) of
(first & last name of child) _____, hereby give permission for the photograph(s) taken at all Reading Buddy activities throughout the year to be used by Knowledge to Enable Your Success, Inc. and/or the media in electronic or print publications, and online communication vehicles, to promote the our programmes and services.

If the photograph is used in a publication,

- I authorize my son's or daughter's full name to be used
- I do not authorize my son's or daughter's name to be used

Signed _____