



# Cozy Reading Volunteer Information

## **Cozy Reading Objective:**

Promote a positive emotional response to reading, and to read interactively in such a way that children view reading as a meaning making activity and develop concepts of print essential to literacy success.

## **Cozy Reading Focus:**

Junior Kindergarten, Senior Kindergarten, pre-school and childcare programs in Halton. While all children benefit from being read to in small groups, there are some groups of children for whom close, interactive reading is essential:

-Children who have had little experience being read to, who have not yet developed listening skills, or interest in stories and books.

-Children who may have been read to, but for whom the focus was on sitting still and listening rather than on actively participating and being involved in story reading

-Children who have speech and language difficulties that require considerable reinforcement and repetition in order for them to learn from and enjoy hearing books and stories.

## **Volunteers**

Volunteers are needed to read to children. Our aim is to get children "hooked" on reading. Volunteers need to:

- Have a genuine interest in working with young children.
- Enjoy reading to children in a relaxed environment.
- Available during school hours for 1 hour per week
- Provide a Police Record Check dated within the previous 12 months.
- Attend training sessions & book exchanges

For more information about the Cozy Reading program please contact the Cozy Reading Coordinator at 905-825-4011 or [cozyreading@bellnet.ca](mailto:cozyreading@bellnet.ca).

## **Volunteers Rights and Responsibilities**

**A Volunteer has the right to expect the Cozy Reading program to:**

- Provide initial and ongoing training.
- Provide resources to volunteers on an ongoing basis.
- Indicate clearly where to volunteer and to which staff member to report to.
- Seek volunteer input and suggestions.
- Offer volunteers information which may concern them

**An school/organization has the right to expect volunteers to:**

- Be open and honest about motivations and goals.
- Understand a volunteer position before accepting it.
- Report any concerns to the school and/or the Cozy Reading Coordinator.
- Carry out tasks efficiently and honestly.
- Accept guidance and supervision from the person the volunteer reports to.
- Participate in any training offered.
- Respect confidentiality of students.
- Notify the school as soon as possible if you are unable to attend.
- Keep materials updated.

**A Volunteer has the right to expect the school staff to:**

- Provide a tour of the school and explain their schools procedures for entering the school. (e.g. locations where volunteer can read, location of resources, washrooms, volunteer tags, sign in/out sheets, etc)
- Identify children participating in the program.

## Volunteer Position Description

**POSITION TITLE:** Cozy Reading Volunteer

**RESPONSIBLE TO:** Classroom Teacher  
Cozy Reading Coordinator

**QUALIFICATIONS:**

- A genuine interest in working with young children
- Enjoy reading to children
- Dedicated and committed
- Complete a current Police Record Check
- Available during school hours

### **RESPONSIBILITIES:**

1. To commit to volunteering 1 hour per week (minimum) for a part of the school year (optimally September-June, minimally a 3 month period).
2. To meet with a staff member at the school for an orientation to the school.
3. To notify the school/teacher at least 24 hours in advance of all dates and times that he/she is unable to assist (except in rare cases of sudden illness).
4. To attend training sessions and/or exchange books as required.
5. To follow the training manual and implement program as prescribed.

6. To provide a current Police Record Check (dated within the last 12 months) with Vulnerable Sector Screening.

*Note: Police Record Checks (PRC) are obtained from the Police Department. You must provide 2 pieces of Government issued identification. There is a fee (reduced for volunteers) for this service. You must complete and take the "Consent for a Criminal Record Check -Vulnerable Sector Screening with you.*

7. To encourage children to participate by reading and interacting with reading material.
8. To report to Cozy Reading Coordinator and/or teacher any problems, situations that warrant further discussion (e.g., concerns you have, disruptive behavior, any concerns you might have etc).
9. To maintain confidentiality about individual children, discussing specific children with the classroom teacher only.
10. To complete and/or provide the following completed forms:
  - Volunteer Application and Agreement
  - Volunteer Acknowledgement and Disclaimer
  - Police Criminal Record Check

Note: Copies of the above forms need to be kept on file with the Cozy Reading Coordinator and will be provided to the school as required.

**COZY READING  
VOLUNTEER APPLICATION & INFORMATION SHEET**

**PERSONAL INFORMATION**

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

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

Tel. Home: \_\_\_\_\_ Tel. Bus: \_\_\_\_\_

Email: \_\_\_\_\_

Doctor: \_\_\_\_\_ Doctor's Tel: \_\_\_\_\_

Medical Conditions/Allergies: \_\_\_\_\_

Do you carry any medicine in case of a medical emergency? (if Yes please explain) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Tel #: \_\_\_\_\_

**REFERENCES (no relatives please)** If referred by the teacher, check the box below and the teacher will be your reference.

- The classroom teacher has referred me.

Teacher's name \_\_\_\_\_ School \_\_\_\_\_

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

I agree to inform the Cozy Reading Coordinator and/or school Administrator of any charges and/or convictions incurred by me subsequent to the date of the Police Record Check. I authorize the above references to be contacted. If I am unable to volunteer on a scheduled time I will notify the school (if possible) at least 24 hours in advance.

I agree that I will maintain confidentiality about individual children, discussing specific children with the classroom teacher only.

I am aware that copies of the application/information form, Volunteer Acknowledgement and Disclaimer and Police Criminal Record Check will be made available to both the Cozy Reading Coordinator and the school I am placed in.

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

**FOR OFFICE USE ONLY**

Date Interviewed: \_\_\_\_\_ Interviewed by: \_\_\_\_\_

School Volunteer referred by: \_\_\_\_\_

Received the following

- Volunteer Application and Information Sheet
- Volunteer Acknowledgement and Disclaimer
- Police Criminal Record Check
- 1<sup>st</sup> Reference check, date \_\_\_\_\_
- 2<sup>nd</sup> Reference check, date \_\_\_\_\_

School Preferred \_\_\_\_\_

School Placed in \_\_\_\_\_

# COZY READING

## VOLUNTEER ACKNOWLEDGEMENT AND DISCLAIMER

I, the undersigned hereby acknowledge and agree that I will be performing the following volunteer duties and/or activities, Cozy Reading volunteer: reading to small groups of children in Junior Kindergarten and or Senior Kindergarten.

I understand that the activity I will be undertaking could involve the use of tools and/or materials, which require a certain level of training. I also understand that the Halton District School Board, Halton Catholic District School Board and/or Oakville Parent-Child Centre has not had the opportunity to instruct me in the use of these and by my volunteering to perform this activity the Halton District School Board, Halton Catholic District School Board and/or Oakville Parent-Child Centre is assuming that I have the knowledge and know how to perform such activities. I also understand that I may be performing these activities with other volunteers who may not have had the same experience as myself.

As a volunteer I understand that I am not an employee of the Halton District School Board, Halton Catholic District School Board and/or Oakville Parent-Child Centre and am not covered by Workplace Safety Insurance (WSI Act) in the event of accidental injury or disease.

I understand that the Halton District School Board, Halton Catholic District School Board and Oakville Parent Child Centre does not carry medical insurance for volunteers and that any medical expenses incurred by me due to an accident would be my responsibility.

I hereby, on behalf of myself, my heirs, executors, administrators and assigned demise, release and forever discharge the Halton District School Board, Halton Catholic District School Board and Oakville Parent Child Centre its successors and assigns, of and from all manner of actions, causes of actions, suits, debts, dues, accounts, bonds, covenants, contracts and demands whatsoever which against the Halton District School Board, Halton Catholic District School Board and Oakville Parent Child Centre, I may press or commence arising out of and caused from the use of such volunteer duties and activities as described above, or the demonstration of the same, and I further acknowledge that this acknowledgement may be pleaded by way of an estoppels against any such claim arising form my voluntary participation in the above activity (activities) or duties.

Dated at: Ontario, this (d/m/y)\_\_\_\_\_

Signature of Volunteer: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Witness: \_\_\_\_\_