



SERVE-Volunteers in Education  
And



Hillsborough County Public Schools  
**2014 VPK Summer Reading Buddies  
Volunteer Program**

For Rising 10<sup>th</sup>, 11<sup>th</sup>, and 12<sup>th</sup> Grade Students



**The VPK (Voluntary Pre-Kindergarten) Summer Reading Buddies Volunteer Program** will run for 6 weeks starting on June 23<sup>rd</sup> and ending on July 31<sup>st</sup>. Our goal is to match volunteer "reading buddies" with VPK students at select sites. Volunteers will work with VPK students (4 and 5 yrs old) using myON digital reader and interactive activities.

Training, orientation, and materials will be provided. Sites are open Monday - Thursday with volunteering taking place during core hours.

Volunteers will assist for a minimum of one-hour two times a week. Additional hours may be arranged based on volunteer interest and site needs. Several site options are available throughout the district.

This is an excellent opportunity for high school students who are interested in acquiring **community service hours** this summer while at the same time acting as a role model for learning and making a difference in the reading experience of young children.

**PLEASE READ THE FOLLOWING CAREFULLY**

- ✓ Use the attached checklist to ensure that your application packet is completed **BEFORE** returning it. Late or incomplete applications will not be considered.
- ✓ Completed applications will be dated as they are received. Final assignments will be made based on a first come, first served basis.

## STEP ONE

- ✓ Complete SERVE application packet and return by the deadline – **Friday, June 6, 2014.**
- ✓ Sign the Confidentiality Agreement and the Medical Release/Parent Consent Form.
- ✓ Provide verification of minimum 2.5 GPA.

## ALL REQUIREMENTS MUST BE COMPLETE FOR THE APPLICATION TO BE CONSIDERED

## STEP TWO

Once ALL requirements in Step ONE are met please identify which training session you plan on attending and email [debra.blossom@sdhc.k12.fl.us](mailto:debra.blossom@sdhc.k12.fl.us) with the date/time. It is important that you register for the session prior to or at the same time as submitting your application.

- ✓ Attend **mandatory** 2 ½ hour training
  - Training dates listed below
  - Choose from **one** of the 2 ½ hour training sessions listed
  - Contact [debra.blossom@sdhc.k12.fl.us](mailto:debra.blossom@sdhc.k12.fl.us) to register for training session

## TIMELINE

<b>Dates</b>	<b>Time</b>	<b>Activity</b>	<b>Location</b>
Until June 6	8AM-4PM	Return completed application packet	SERVE-Volunteers in Education 3111 West Tampa Bay Blvd. Tampa FL 33607 <a href="mailto:Debra.blossom@sdhc.k12.fl.us">Debra.blossom@sdhc.k12.fl.us</a>
On-going Until Program Full or June 23	n/a	Volunteers notified of acceptance in program	Via email or phone
Monday June 16	9:00AM-11:30AM	Mandatory Training	Children's Board 1002 E. Palm Avenue Tampa FL 33605
Monday June 16	1:00PM-3:30PM	Mandatory Training	Children's Board 1002 E. Palm Avenue Tampa FL 33605
Wednesday June 18	9:00AM-11:30AM	Mandatory Training	Children's Board 1002 E. Palm Avenue Tampa FL 33605

Wednesday June 18	4:30PM- 7:00PM	Mandatory Training	Children's Board 1002 E. Palm Avenue Tampa FL 33605
Tuesday-Thursday June 16-19	After training	Volunteers to contact site supervisor	Assigned site
Monday-Thursday June 23-26	As assigned	1 <sup>st</sup> Week of Summer Program	Report to assigned site
Thursday July 31	As assigned	Last Day of Summer Program	Paperwork signed by site supervisor
Tuesday August 5	6:30PM- 7:30PM	Appreciation Reception	Children's Board 1002 E. Palm Avenue Tampa FL 33605

### **SERVICE HOURS**

All volunteer students who receive site assignments are expected to fulfill the time commitment. Should you need to be absent, a call must be made to the site supervisor. More than 2 unexcused absences will result in being dropped from the program.

All service hours must be recorded in the volunteer log located at each site. Service hours will be received for training.

Please assure that you have completed all necessary paperwork at your high school and have received approval from the guidance counselor prior to starting the program.

**Interested volunteers may contact Debra Blossom, Program Manager @ 872-5254, Ext 226 or [Debra.Blossom@sdhc.k12.fl.us](mailto:Debra.Blossom@sdhc.k12.fl.us)**





**As a SERVE VPK Summer Reading Buddies Volunteer, I understand:**

- ✓ I must abide by the policies and procedures of the Hillsborough County Public Schools
- ✓ I must attend a mandatory training
- ✓ I commit to volunteering for a minimum of 1 hour, twice a week for the entire 6 week program
- ✓ I must sign in and out at the school site every time I volunteer
- ✓ I must maintain strict confidentiality at all times regarding student information
- ✓ I must have written consent from my parent or guardian to volunteer at HCPS
- ✓ I must be a rising 10<sup>th</sup>, 11<sup>th</sup>, or 12<sup>th</sup> grade student
- ✓ I must have a 2.5 GPA
- ✓ I must contact my site supervisor immediately if I am unable to volunteer
- ✓ My services are donated to SERVE and HCPS

**PRINT NAME:** \_\_\_\_\_

**SIGNATURE OF VOLUNTEER APPLICANT:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNATURE OF PARENT OR GUARDIAN:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Office Use Only:**

Date Application Received \_\_\_\_\_

Application Complete \_\_\_\_\_

Confidentiality agreement \_\_\_\_\_

Letter of Recommendation \_\_\_\_\_

Meets Requirements \_\_\_\_\_

Training \_\_\_\_\_

Placement Location \_\_\_\_\_

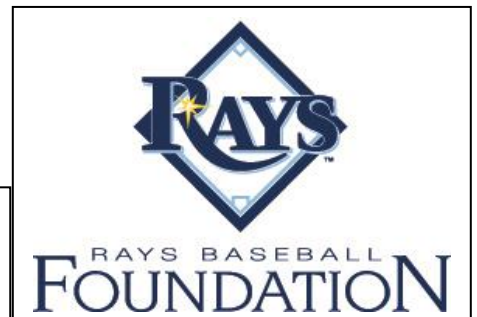
Schedule \_\_\_\_\_

SOP \_\_\_ Date \_\_\_ Initial \_\_\_

HCSO \_\_\_ Date \_\_\_ Initial \_\_\_

DOC \_\_\_ Date \_\_\_ Initial \_\_\_

**Supported by**





**VPK Summer Reading Buddies Volunteer Program**

**The Purpose of this agreement is to establish guidelines pertaining to the confidentiality of student information.**

State and Federal law requires that student education records be maintained as confidential (Per Policy 8330).

The confidentiality policy applies to all volunteers at Hillsborough County Public Schools.

Volunteers must maintain confidentiality at all times. Volunteer may be exposed to confidential information pertaining to the school and/or students. Volunteers are required to keep the information in strict confidence.

***The Policy***

***keep in confidence personally identifiable information obtained in the course of professional service, unless disclosure serves professional purposes or is required by law.***

In my role as a VPK Summer Reading Buddies Volunteer for SERVE and Hillsborough County Public Schools, I acknowledge receipt of and agree to adhere to the confidentiality policy as outlined above.

VOLUNTEER NAME (PRINT): \_\_\_\_\_

VOLUNTEER SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

PARENT OR GUARDIAN: PLEASE REVIEW THE POLICY WITH YOUR CHILD AND SIGN BELOW.

PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

Hillsborough County Public Schools



MEDICAL RELEASE/PARENT CONSENT



VPK Summer Reading Buddies Volunteer Program

This form MUST be completed and signed by a parent or guardian and returned with the application

PLEASE PRINT CLEARLY

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

Student Name Last First Middle

Parent or Guardian Information [ ] Parent or [ ] Guardian

Parent or Guardian Name Last First Middle

Parent Home Phone Parent Business Phone Parent Cell Phone

Alternative Contact Name Relationship

Phone Number for Alternate Contact - in case of emergency

Physician's Name Phone

Insurance Company Policy # Group #

Describe any allergies your child has

Provide medication information your child is currently taking

PARENT: PLEASE CHECK THE FOLLOWING STATEMENTS

[ ] PART I (ONLY COMPLETE PART I OR PART II)

The undersigned as the parents and/or legal guardians of do hereby consent to any and all medical and surgical treatments, including anesthesia and operations that may be deemed advisable by any qualified physician selected by agents or officials of the Hillsborough County School Board. The intention hereof is to grant authority to administer and to perform all and singularly any examination, treatments, anesthetics, operations, and diagnostic procedures that may now or during the course of the patient's care, be deemed advisable or necessary by any qualified physician. No action will be taken until an attempt is made to contact me at the phone number(s) listed above.

IN WITNESS of our consent and agreement to the matters stated above, we have subscribed our signature below.

[ ] PART II (ONLY COMPLETE PART I OR PART II)

As parent or guardian of the athlete listed below, I do not desire to sign the medical and surgical release form above.

IN WITNESS of our consent and agreement to the matters stated above, we have subscribed our signature below.

[ ] I give consent for my child to volunteer at SERVE and Hillsborough County Public Schools for the 2014 VPK Summer Reading Buddies Volunteer Program without expectation of employment or monetary compensation.

IN WITNESS of our consent and agreement to the matters stated above, we have subscribed our signature below.

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_ DATE \_\_\_\_\_

# CHECKLIST

Thank you for the commitment you are making this summer to serve VPK students at Hillsborough County Public Schools. Please use this checklist to verify that all requirements are met before turning in your application packet.

- Application** – (5 pages including Checklist). Please make certain that all information is complete. **Incomplete applications cannot be accepted.**
- Confidentiality Agreement**
- Medical Release/Parent Consent**
- Applications are due by Friday, June 6th.** Applications can be scanned and emailed, mailed via USPS, or hand delivered
- Scanned and Emailed Applications** – must be received by **Friday, June 6th.** Email to: [debra.blossom@sdhc.k12.fl.us](mailto:debra.blossom@sdhc.k12.fl.us)
- Mailed Applications** – must be received by **Friday, June 6th.** Mail to: SERVE-Volunteers in Education, Summer Reading Buddies Program, 3111 W. Tampa Bay Blvd, Tampa FL 33607
- Hand Delivered Applications** – must be hand delivered by prior arrangements only no later than **Friday, June 6th.** **Must call prior to visiting - 813-872-5254.** SERVE-Volunteers in Education @ Tampa Bay Blvd, Elementary, Summer Reading Buddies Program, 3111 W. Tampa Bay Blvd, Tampa FL 33607
- Questions?** Contact Debra L. Blossom, Program Manager. Email: [debra.blossom@sdhc.k12.fl.us](mailto:debra.blossom@sdhc.k12.fl.us) or Phone: 813-872-5254, Ext 226