



# LONGWOOD PUBLIC LIBRARY

800 Middle Country Road • Middle Island, NY 11953  
Phone 631.924.6400 • Fax 631.924.7538

[longwoodlibrary.org](http://longwoodlibrary.org)

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## STUDY BUDDIES APPLICATION PACKET

**Thanks for your interest in our Study Buddies program! Please note that Study Buddies is only open to Longwood teens in grades 9-12.**

### When Will Study Buddies Take Place?

Study Buddies will be held on Tuesday evenings, from 6-8 PM, starting October 10<sup>th</sup> and running through December 12<sup>th</sup>. After a break in December, Study Buddies will resume in January and run through April.

### How Do I Become A Study Buddy?

Becoming a Study Buddy starts with filling out the attached Study Buddies Application and schedule calendar. Once you've filled out your application and calendar and return it to the Teen Services Department, you will be contacted by a librarian to confirm your schedule.

### How Do I Set Up A Schedule?

Please fill out the attached calendar with the dates and times you'll be available to attend. You do not have to be available for every session to be a Study Buddy! You also do not have to be available for the full two hours each night. We are currently scheduling through December.

### Commitment To Service

Teen volunteers are expected to show up promptly for their scheduled times. The Children's Department counts on having Study Buddies available! We understand that it's hard to know in October what you'll be doing in December, so if something comes up and you cannot attend your scheduled time, please call the Teen Department at (631) 924-6400 ext. 249 to let a librarian know. Study Buddies is a true commitment to service – if you miss more than 2 of your scheduled sessions without notifying a librarian at least 24 hours in advance, you may not be asked back as a Study Buddy.

### Training

Study Buddies are expected to attend one training session before starting as a Study Buddy. Our first training session will be held on **Tuesday, October 10<sup>th</sup>, at 5:30 PM**. If you cannot attend this training session, you will be asked to set up an additional training time with a Teen Services Librarian.

### Earning Community Service

Community Service Certificates are awarded on the basis of time spent at the program. If you volunteer for an hour, you'll receive a certificate for one hour of service. Certificates are given out during each session by the Children's Department Librarians.

**Questions? Please call the Teen Services Desk at (631) 924-6400 ext. 249**

# STUDY BUDDIES APPLICATION

## LONGWOOD PUBLIC LIBRARY • TEEN SERVICES DEPARTMENT

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

Library Barcode: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

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### Reason For Wanting To Volunteer (Circle And/Or Fill In)

Requirement For:    **Honor Society**    **College Applications**    **Religion**    **Other:** \_\_\_\_\_

Personal Enrichment For:    **Work Experience**    **Career Exploration**    **Other:** \_\_\_\_\_

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### Prior Experience

Please list any experience working with children

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### Reference

Please have a teacher or employer, but not a relative, give you a reference.

Reference Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Please describe why this person will make a good volunteer:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reference Signature: \_\_\_\_\_

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### Commitment To Service:

I understand that volunteering at the Longwood Public Library represents a serious commitment. I am prepared to commit to working a mutually agreed upon schedule and to give advance notice of at least 24 hours should I be unable to attend my sessions.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please call the Teen Services Desk for more information at (631) 924-6400 ext. 249  
Longwood Public Library  
800 Middle Country Rd. Middle Island, NY 11953  
<http://longwoodlibrary.org>

# OCTOBER 2017

For each date you're available, please check the available line and write in the time you're available to spend at the program (ex: 6-7, 6-7:30, 6-8). This calendar should be returned along with you Study Buddies Application to the Teen Services Desk!

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10 <b>First Day Of Study Buddies!</b> ____ I can attend the training at 5:30 PM ____ I cant attend the training at 5:30 PM Time: _____ Available? _____	11	12	13	14
15	16	17 ____ Available? Time: _____	18	19	20	21
22	23	24 ____ Available? Time: _____	25	26	27	28
29	30	31 <b>No Study Buddies Tonight!</b>				

# NOVEMBER 2017

For each date you're available, please check the available line and write in the time you're available to spend at the program (ex: 6-7, 6-7:30, 6-8). This calendar should be returned along with you Study Buddies Application to the Teen Services Desk!

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7 <b>No Study Buddies Tonight!</b>	8	9	10	11
12	13	14 ___ Available? Time: _____	15	16	17	18
19	20	21 ___ Available? Time: _____	22	23	24	25
26	27	28 ___ Available? Time: _____	29	30		

# DECEMBER 2017

For each date you're available, please check the available line and write in the time you're available to spend at the program (ex: 6-7, 6-7:30, 6-8). This calendar should be returned along with you Study Buddies Application to the Teen Services Desk!

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5 ___ Available? Time: _____	6	7	8	9
10	11	12 <b>Last Day Of Study Buddies Until January!</b> ___ Available? Time: _____	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						