

Summer Reading Program Volunteer Application

(PLEASE PRINT)

Name: _____
(LAST NAME, FIRST NAME)

Age: _____ Grade Completed (as of May 2018): _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Emergency Contact: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

As a volunteer for the Summer Reading Program, I agree to abide by the library rules and follow the guidelines set by the library staff. I understand that failure to do so can result in termination of my service time in the volunteer program.

Volunteer Signature: _____

Parent/Guardian Name: _____
(LAST NAME, FIRST NAME)

Parent/Guardian Signature: _____

Date: _____

Fill out backside of form before returning to the library.

Please check which day/time slots you are **available** to volunteer. If you have a preference, mark it with a star.
 Please be aware that we only need a few volunteers for each time slot; if you mark only one available, we may be unable to add you as a volunteer at this time.

Time/Day	Monday	Tuesday	Wednesday	Thursday	Friday	Program runs from May 29 - July 24. I am available from Start date: _____ to End date: _____
9-10:30 AM						
10:30A-12P						
12:30-2 PM						
2-3:30 PM			xxxxxx			

Days unable to volunteer (Please list any exceptions to the above, including vacations, camps, sports, appointments, etc.):

Please mark which potential task are of the most interest to you:

- Be a role model and read a book at the SRP table
- Cut out kid crafts
- Help during a program (hours may be different than above)
- Straighten children's area
- I will do any task needed!