

## Storytime Help Summer Reading Program Teen Volunteer Application

Please take a moment to fill out both sides of this application. Applications may be turned in to the Youth Services desk at the Port Angeles Main Branch or mailed, Attn: Youth Services, 2210 S. Peabody Street, Port Angeles, WA 98362.

Name		Age	
Mailing address			
City		Zip	
Phone (home)		Phone (cell)	
E-mail			
School (or homeschool)		Grade	
List your favorite activities (hobb	ies, school teams/clubs	or other interests)	
stories in front of groups (at ever helping with storytime set-up and	ning programs), assisting d take-down. You MUST icipate. (Please sign up fo schedule via email or ph 5:00pm—8:00pm	he Summer Reading Program. Duties include: reading with crafts, creating displays, working with puppets and be able to attend <b>one</b> of the two mandatory storytime or 3 or more volunteer dates. There are limited volunteer none).  Orientation/Scavenger Hunt Training**MANDATORY (must attend one session) Training**MANDATORY (must attend one session) Port Angeles 4th of July Parade Dig! Storytime Pajama Storytime (come in pajamas!) Dig! Storytime Pajama Storytime (come in pajamas!) Dig! Storytime Teddy Bear Sleep-Over (photo-set-up help) Pajama Storytime (come in pajamas!) Dig! Storytime Teddy Bear Cleebration for volunteers	
Emergency contact person:			
		(cell)	

If you are volunteering to earn community service credit, name the school or program:				
Contact person at school/program				
Have you ever been involved in the ju	venile justice system?ye	sno		
If yes, Contact Person:				
	Reference Information			
Applicants need to provide two reference	es, who are not relatives, who ca	n talk about applicant's skills.		
Name:	Phone #:	Email:		
Relation to applicant:				
Name:	Phone #:	Email:		
Relation to applicant:				
Pl	lease Read Carefully Before	Signing		
Photographs and videos are often taken at library programs and events for use in North Olympic Library System promotional materials and on the Library website. I acknowledge that I have been informed that Teen Volunteers may be featured in photographs/videos taken at the library's Summer Reading Program events, and that I understand that those images may be printed or digitally displayed by the library for library promotional purposes.				
	D	rate:		
Applicant's signature				
	D	Pate:		
Parent/Guardian signature: (Require By signing Parent/Guardian gives perm	ed for those under 18)			
(print Parent/Guardian name)				

Thank you for your interest in volunteering at the Library! Volunteers are highly valued members of the NOLS team.