



General 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 Information desk at the Sequim Branch Library or mailed, Attn: Youth Services, 630, N. Sequim Ave, Sequim, WA, 98382.

Name _____ Age _____

Mailing address _____

City _____ Zip _____

Phone (home) _____ Phone (cell) _____

E-mail _____

School (or homeschool) _____ Grade _____

List your favorite activities (hobbies, school teams/clubs or other interests)

Please mark the dates you are available to volunteer for the Summer Reading Program. Duties include: taking tickets before performances, monitoring events, helping with large events, and assisting with summer reading assignments. You **MUST** be able to attend the training **Wednesday, June 5 at 3:30pm** or **Thursday, June 13 at 3:30pm** in order to participate. (Please sign up for 2 or more dates. Limited volunteer spots available; you will receive a schedule in the mail).

- | | | |
|---|---------------|---------------------|
| <input type="checkbox"/> Tuesday, June 25, 201 | 10am – 12noon | Magician Louie Foxx |
| <input type="checkbox"/> Tuesday, July 2, 2013 | 10am – 12noon | Dr. Kaboom |
| <input type="checkbox"/> Tuesday, July 9, 2013 | 10am – 12noon | Burke Museum |
| <input type="checkbox"/> Tuesday, July 16, 2013 | 10am – 12noon | Luce Puppet Company |
| <input type="checkbox"/> Tuesday, July 23, 2013 | 10am – 12noon | Jugglemania |
| <input type="checkbox"/> Tuesday, July 30, 2013 | 10am – 12noon | Recess Monkey |

Emergency contact person: _____

Relationship to you _____

Phone (home) _____ (work) _____ (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 juvenile justice system? ____yes ____no

If yes, Contact Person: _____ phone _____

Reference Information

Applicants need to provide two references, to whom they are not related, who can talk about applicant's skills.

Name: _____ Phone #: _____ Email: _____

Relation to applicant: _____

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Please 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.

_____ Date: _____
Applicant's signature

_____ Date: _____
Parent/Guardian signature: (Required for those under 18)
By signing Parent/Guardian gives permission for child to volunteer at the library.

(Print Parent/Guardian name)

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