



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 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: assisting with crafts, creating displays, and helping with storytime set-up and take-down. 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 3 or more dates. Limited volunteer spots available; you will receive a schedule in the mail).

- | | | |
|---|---------------|-----------------------------|
| <input type="checkbox"/> Wednesday, July 3, 2013 | 10am - 12noon | Dig into Reading! Storytime |
| <input type="checkbox"/> Wednesday, July 10, 2013 | 10am - 12noon | Dig into Reading! Storytime |
| <input type="checkbox"/> Wednesday, July 17, 2013 | 10am - 12noon | Dig into Reading! Storytime |
| <input type="checkbox"/> Wednesday, July 24, 2013 | 10am - 12noon | Dig into Reading! Storytime |
| <input type="checkbox"/> Wednesday, July 31, 2013 | 10am - 12noon | Dig into Reading! Storytime |

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.