



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 (hobbies, school teams/clubs or other interests)

Please mark the dates you are available to volunteer for the Summer Reading Program.
(Please sign up for 2 or more dates.)

- | | |
|---|---|
| <input type="checkbox"/> Monday, June 21, 2010. 8:30 am – 12:30 pm | <input type="checkbox"/> Wednesday, July 14, 2010. 12:30 pm – 4:30 pm |
| <input type="checkbox"/> Wednesday, June 23, 2010. 12:30 pm – 4:30 pm | <input type="checkbox"/> Wednesday, July 7, 2010. 12:30 pm – 4:30 pm |
| <input type="checkbox"/> Wednesday, June 30, 2010. 12:30 pm – 4:30 pm | <input type="checkbox"/> Wednesday, July 21, 2010. 11:30 am – 3:30 pm |
| <input type="checkbox"/> Sunday, July 4, 2010. 11:30 am – 2:30 pm
<i>4th of July Parade</i> | <input type="checkbox"/> Wednesday, July 28, 2010. 12:30 pm – 4:30 pm |
| | <input type="checkbox"/> Wednesday, August 4, 2010. 1:30 pm – 5:30 pm |

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 who they are not related to who can talk about applicant's skills.

Name: _____ Phone #: _____ Email: _____

Relation to applicant: _____

Name: _____ Phone #: _____ Email: _____

Relation to applicant: _____

Please Read Carefully Before Signing

For public awareness activities, the photographing and videotaping of events may be necessary. Photographs or video will not be sold and will only be used to promote the Port Angeles Main Library.

___ By checking this line, I am stating that Port Angeles Main Library MAY NOT use any photographs or videotape of me/my child in public awareness activities.

Applicant's signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Required for those under 18:

Parent/guardian's signature to indicate permission for you to volunteer at the Library.

(print name)

(signature)

(date)

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