



SUMMER READING PROGRAM VOLUNTEER APPLICATION



Name: _____ Address: _____

Home: _____ Cell Phone: _____ Email: _____

Emergency Contact (Name & Phone Number): _____

Allergies/ Medical Conditions/ Special Needs: _____

Age (Minimum 13): _____ Birth Date: _____

Please circle the age groups you would be comfortable volunteering with:

3-5 years old Kindergarten/ Grade 1 Grades 2-4 Grades 5-7

Please indicate your daily availability during July 3 – August 18 with a check mark:

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|--------------------|--------|---------|-----------|----------|--------|
| 9:30 AM - 12:30 PM | | | | | |
| 1:30 PM - 4:30 PM | | | | | |

Unavailable Dates (Vacation, Work, etc.): _____

Please tell us why you would like to volunteer with the Strathmore Summer Reading Program.

Let us know a little bit about you, what are your hobbies and interests? Do you speak a second language? What do you hope to get out of this experience?

For volunteers under the age of 17, parental consent is required.

I _____ consent to my child _____volunteering at the Strathmore Municipal Library for the Summer Reading Program.

Parent Signature

Date