

✓ CHECKLIST OF THINGS TO DO IN ORDER TO BECOME A Summer Reading Volunteer:

_____ Have each section of this form completed including the permission section.

_____ Starting April 15th, sign up at the public library of your choice.

You will choose the hours that you would like to volunteer at this time.

IMPORTANT: You are required to sign up for a time slot before attending training.

_____ Attend training at the branch you are volunteering at.

Bring this completed form to the training session you attend.

All information must be complete on your form in order to volunteer.

TRAINING SESSIONS ARE SCHEDULED FOR:

Anderson	Tuesday	May 27	4:00-5:00 p.m.
	Wednesday	May 28	7:00-8:00 p.m.
Arnold Heights	Thursday	May 22	4:30-5:30 p.m.
Bennett Martin	Saturday	May 31	10:00-11:00 a.m.
	Monday	June 2	7:00-8:00 p.m.
Bethany	Tuesday	May 27	7:00-8:00 p.m.
	Wednesday	May 28	4:00-5:00 p.m.
Eiseley	Tuesday	May 27	4:00-5:00 p.m.
	Thursday	May 29	4:00-5:00 p.m.
	Saturday	May 31	10:30-11:30 a.m.
	Monday	June 2	2:00-3:00 p.m.
Gere	Saturday	May 17	10:30 a.m.-12:30 p.m.
	Saturday	May 17	1:30-3:00 p.m.
	Wednesday	May 21	4:30-6:00 p.m.
	Thursday	May 22	7:00-8:30 p.m.
	Wednesday	May 28	4:30-6:00 p.m. (returning volunteers)
	Friday	June 27	4:30-6:00 p.m. (July volunteers)
	Saturday	June 28	10:30 a.m.-12:00 p.m. (July volunteers)
South	Thursday	May 29	4:00-5:00 p.m.
Walt	Monday	May 19	3:30-5:00 p.m.
	Wednesday	May 21	6:30-8:00 p.m.
	Saturday	May 24	10:30 a.m.-12:00 p.m.

2008 Summer Volunteer Program

Lincoln City Libraries

VOLUNTEER INFORMATION

Name _____

Address _____

Please include your zip code.

Phone Number _____

Email Address: _____

School Attending in Fall _____

Grade in Fall (must be 6th-8th) _____

Library Volunteering at _____

Please list any special talents or skills that you feel might be relevant to volunteering:

Please tell us what your expectations are about this volunteer experience:

(What type of jobs do you want to be involved in?) _____

PERMISSION (Must be completed by parent or guardian before volunteering)

_____ has my permission to work as a Summer Reading Volunteer at Lincoln City Libraries.

Parent/Guardian Signature

Date

EMERGENCY CONTACTS: (Please list two)

1. Name _____

Daytime Phone Number _____

Nighttime Phone Number _____

What is their relationship to you? _____

2. Name _____

Daytime Phone Number _____

Nighttime Phone Number _____

What is their relationship to you? _____