

Book Buddies Volunteer Application: Summer 2011

Please print carefully, and continue on reverse if needed. Applicants under the age of 18 must attach an Emergency Contacts/Permission Form. Please return this application (with Emergency Contacts/Permission Form) to:

Canton Public Library
40 Dyer Avenue
Canton, CT 06019
Attn: Book Buddies Program

Name _____

Address (Street, City, State, Zip) _____

Phone (home) (860) _____ Phone (cell) _____

Email address _____

Are you required to fulfill a specific number of volunteer hours? _____ Yes _____ No

If you ARE required to fulfill hours, please name the organization/school below (eg. CHS, Confirmation, Girl Scouts)

If yes, how many? _____ By what date? _____ / _____ / _____

Grade _____ School _____

Book Buddies Program (please check off the programs for which you wish to volunteer)

_____ **Thursday Morning "Book Buddies"** (Teens Read to Kids) Program, from 10 a.m. to 12 p.m. from July 7- August 11. **You must be available for at least 4 of the 6 weeks of the program.**

Please check any Thursdays you would NOT be available:

7/7 _____ 7/14 _____ 7/21 _____ 7/28 _____ 8/4 _____ 8/11 _____

_____ **Wednesday Evening "Book Buddies"** (Teens Read to Kids) Program, from 5:30 p.m. to 7:30 p.m. from July 6- August 10. **You must be available for at least 4 of the 6 weeks of the program.**

Please check any Wednesdays you would NOT be available:

7/6 _____ 7/13 _____ 7/20 _____ 7/27 _____ 8/3 _____ 8/10 _____

Optional: Your Skills, Knowledge and Experience Please check all that apply and give details below:

_____ Previous library experience. (Please explain.) _____

_____ Arts/Crafts _____ Working with children

_____ Teaching of _____

Please provide additional information about your skills: _____

_____ Signature

_____ Date

Canton Public Library
Volunteer Application
Emergency Contacts/Permission Form

Name of Volunteer _____

Volunteer's Emergency Contacts

1) Name of Person to contact in case of emergency _____ Relationship to volunteer _____

Emergency Contact Phone Numbers (day, evening, cell) _____

2) Name of Person to contact in case of emergency _____ Relationship to volunteer _____

Emergency Contact Phone Numbers (day, evening, cell) _____

Parent/Guardian Permission

Volunteers **under** the age of 18 must have the written consent of parent or legal guardian in order to volunteer at the Canton Public Library. We request that summer volunteers be at least 13 years of age by August 3, 2011. Please print carefully and attach this form to your Volunteer Application.

Signature of Parent or Legal Guardian _____

Date _____

Print Name of Parent/Legal Guardian here _____

Photo/Image Release Form

I, the undersigned, do hereby grant permission to the Canton Public Library to use the image

of me/my child, _____. Such use includes the display or use of photographs taken of me/my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, and digital images such as those on the Canton Public Library web site.

I give unrestricted permission for my (my child's) image to be used in print and digital media. I agree that these images may be used by the Canton Public Library for a variety of purposes and that these images may be used without further notifying me. I do understand that I (my child) will not be identified in conjunction with any images. *(Photos are taken of volunteers and the book buddy program as part of the regular program activities.)*

Signature of Parent / Legal Guardian **or** Volunteer (if 18 years of age) _____

Date _____