



2019 Summer Reading Volunteer Application

Section I: Applicant Information

Returning Summer Reading Volunteer? YES NO

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone Number: _____ Alt. Phone Number: _____

School Name: _____ Current Grade: _____

Birth Date (MM/DD/YYYY): _____

Emergency Contact Name: _____ Phone: _____

Relationship: _____

Contact with Volunteers will be primarily done through email. We must have an email address of someone 14 years old or older.

Email Address: _____ Belongs to: Volunteer Parent

Section II: Availability

WRITE #1 BY YOUR FIRST CHOICE AND #2 BY YOUR SECOND CHOICE

Full-Service Libraries (Volunteers at Full-Service Libraries must have completed 7th grade)

Bull Run Regional Library _____	Haymarket Gainesville Community Library _____
Central Community Library _____	Potomac Community Library _____
Chinn Park Regional Library _____	Montclair Community Library _____

Neighborhood Libraries (Volunteers at Neighborhood Libraries must have completed 6th grade or be 12 years old by July 1, 2019)

Dale City Neighborhood Library _____	Independent Hill Neighborhood Library _____
Dumfries Neighborhood Library _____	Lake Ridge Neighborhood Library _____
Nokesville Neighborhood Library _____	_____

For Neighborhood Libraries Only:

	MON	TUES	WED	THUR	FRI	SAT
Mornings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A

Return completed application to your local library or send by mail to:
 Volunteers Office, 13083 Chinn Park Dr. Prince William, VA 22192

Section III: Disclaimer and Signatures

Disclaimer

- Submission of application does not guarantee participation in the Summer Reading Program.
- If accepted, applicant will receive notification from the Prince William Public Library System's Volunteer Office via email or mail.

Parent/Guardian Information

- I acknowledge my child's application for the Summer Reading Program.
- My child must commit to working one (1) shift each week for a minimum of 7 weeks between June 11 and August 11.
- If my child is unable to work during the first two (2) weeks of the program, he or she will be used as a substitute only.
- I understand that my child will be assisting with an online summer reading program and is comfortable using a computer.
- I understand that my child must meet the age requirement of the library at which he or she volunteers.
- My child will attend the required training sessions.
- I will make the appropriate transportation arrangements for my child
- Assignments will be made according to the needs of the libraries.
- I agree that my child can communicate easily with adults and children.

Parent/Guardian Signature: _____ Date: _____

Volunteer Information

- I agree to commit to working one (1) shift each week for a minimum of 7 weeks between June 11 and August 11.
- If I am unable to work during the first two (2) weeks of the program, I agree to be used as a substitute only.
- I understand that two occasions of tardiness or absence not prearranged and any behavioral problems are grounds for possible dismissal from the program.
- I agree to adhere to the program policies and guidelines.
- I am confident in my ability to use a computer
- I am comfortable talking to adults and children.
- I understand that I may be evaluated on my performance and behavior.
- I understand that an unsatisfactory evaluation may result in me not being invited to participate next year.

Volunteer Signature: _____ Date: _____