

# 2024 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:** \_\_\_\_\_

**Date of Birth: (MM/DD/YYYY):** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Contact with Volunteers will be primarily done through email. We must have an email address of a parent/guardian.**

**Email Address:** \_\_\_\_\_ **Belongs to:**  Volunteer  
 Parent

## Section II: Availability

**All Summer Reading Volunteers must be at least 13 years old by June 10, 2024**

Each library branch will have different volunteer needs. Not all opportunities will be available at all locations. However, each volunteer will be assigned a home branch. Please select your preferred branch (up to two):

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

Bull Run Library _____	Dumfries Library _____	Manassas City Library _____
Central Library _____	Haymarket Gainesville Library _____	Montclair Library _____
Chinn Park Library _____	Independent Hill Library _____	Nokesville Library _____
Dale City Library _____	Lake Ridge Library _____	Potomac Library _____

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

**Disclaimer**

- Submission of an application does not guarantee participation in the Summer Reading Volunteer Program.
- If accepted, applicant will receive notification from the Prince William Public Libraries' Volunteer Office via email or mail.
- Volunteers must attend any mandatory training before participating in the Summer Reading Volunteer Program.

**Descargo de responsabilidad**

- La presentación de una solicitud no garantiza la participación en el Programa de Voluntarios de Lectura de Verano.
- Si es aceptado, el solicitante recibirá una notificación de la Oficina de Voluntarios de las Bibliotecas Públicas de Prince William por correo electrónico o postal.
- Los voluntarios deben asistir a todas las capacitaciones obligatorias antes de participar en el Programa de Voluntarios de Lectura de Verano.

**Parent/Guardian Information**

- I, as parent or legal guardian of the undersigned volunteer, understand that my child as part of the Summer Reading Volunteer Program may take part in activities (1) streamed online live for the general public; (2) recorded to be later placed online for the general public.
- I grant permission as part of the Summer Reading Volunteer Program that Prince William Public Libraries may record and/or stream content such as audio, video or photos of my child, and I grant permission for that content to become available to the public at large via digital and/or physical distribution.
- I understand that my child must commit to working one 2 or 3-hour shifts once a week throughout the duration of Summer Reading (June 10 - August 11).
- I understand that my child will be assisting with a Summer Reading Program and is comfortable using a computer.
- 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.
- I confirm that my child will be 13 years of age or older at the time of the start of the Summer Reading Volunteer Program.

**Información de padres/guardián legal**

- Yo, como padre o guardián legal del voluntario abajo firmante, entiendo que mi hijo(a), como parte del Programa de Voluntariado de Lectura de Verano, puede participar en actividades (1) transmitidas en línea en vivo para el público en general; (2) grabado para luego ser puesto en línea para el público en general.
- Doy permiso como parte del Programa de Voluntarios de Lectura de Verano para que las Bibliotecas Públicas de Prince William puedan grabar y/o transmitir contenido como audio, video o fotos de mi hijo(a), y doy permiso para que ese contenido esté disponible para el público en general mediante distribución digital y/o física.
- Entiendo que mi hijo(a) debe comprometerse a trabajar al menos un turno de 2 o 3 horas una vez por semana durante la duración de la lectura de verano (10 de junio - 11 de agosto).
- Entiendo que mi hijo(a) ayudará con un programa de lectura de verano y se siente cómodo usando una computadora.
- Mi hijo(a) asistirá a las sesiones de capacitación requeridas.
- Haré los arreglos de transporte adecuados para mi hijo(a).
- Las asignaciones se realizarán de acuerdo a las necesidades de las bibliotecas.
- Confirmando que mi hijo(a) puede comunicarse fácilmente con adultos y niños.
- Confirmando que mi hijo(a) tendrá 13 años de edad o más en el momento del inicio del Programa de Voluntarios de Lectura de Verano.

**Parent/Guardian Full Name:** \_\_\_\_\_

*Nombre completo de padre*                      *Last (Apellido)*    *First (Nombre)*    *M.I.*  
 o *guardián legal*

**Email Address:** \_\_\_\_\_

*Dirección de correo electrónico*

**Phone Number:** \_\_\_\_\_

*Numero de telefono*

**Parent/Guardian Signature:** \_\_\_\_\_

*Firma del padre/guardián legal*

**Date:** \_\_\_\_\_

*Fecha*

**Volunteer Information**

- I grant permission - as part of the Summer Reading Volunteer Program - that Prince William Public Libraries may record and/or stream content of myself such as audio, video or photos, and I grant permission for that content to become available to the public at large via digital and/or physical distribution.
- I agree to commit to one 2 or 3-hour shifts once a week throughout the duration of Summer Reading (June 10 - August 11).
- I understand that two occasions of absences 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:** \_\_\_\_\_