Canton Public Library Today's Date _____ / _____/ _____

Book Buddies Volunteer Application: Summer 2012

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(es) _____

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

If yes, which organization (eg. CHS, Confirmation, Girl Scouts)? _____

Number of hours required? _____ By what date? _____ / _____ / _____

Grade entering (in September) _____ School _____

Program T-Shirt Size (S, M, L, XL) _____

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

____ **Thursday Morning "Book Buddies**" (Teens Read to Kids) Program, from 10:30 a.m. to 12:30 p.m. from July 7- August 11. **You must be available for at least 4 of the 5 weeks of the program, and an orientation meeting**

Please check any Thursdays you would NOT be available:

6/27(Orientation) ____ 7/12 ____ 7/19____ 7/26 ____ 8/2____ 8/9____

____ **Wednesday Evening "Book Buddies"** (Teens Read to Kids) Program, from 6:00 p.m. to 8:00 p.m. from July 6- August 10. **You must be available for at least 4 of the 5 weeks of the program and an orientation meeting.**

Please check any Wednesdays you would NOT be available:

6/28(Orientation) ____ 7/11 ____ 7/18____ 7/25 ____ 8/1____ 8/8____

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 July 11, 2012, or be entering the 8th grade in the fall. 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 agreethat 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 buddies as part of the regular program activities.)*

_____ _____

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

HB/EA/KB edit 5/2012