

Wood Dale Public Library District Summer Reading Volunteer Application

Summer 2017 June 7 – August 16

Name: _____

Address: _____

City: _____ Age: _____

Home phone number: _____ Cell phone number: _____

Email address: _____

Best way to contact you: Home phone Cell phone Email

Grade in August 2017: _____ School in August 2017: _____

Have you previously volunteered at the Wood Dale Public Library? Yes No

Names of parents or guardians: _____

Names and telephone number(s) of person(s) to contact in case of an emergency:

**** ALL summer reading program volunteers must attend a meeting during the week of June 6-10 to discuss availability and responsibilities.****

Teen Volunteer Agreement

I agree to volunteer at the Wood Dale Public Library District and to assist the library with projects during the Summer Session (June 7–August 16). I also agree to abide by the rules of the library and follow the instructions of my supervisor. If I do not follow the instructions of the supervisor, I agree to forfeit any hours accumulated. If I am not able to volunteer on a scheduled day, I will notify Meg or the Youth Services Department.

Teen Volunteer's Signature

Date

_____ has my permission to volunteer at the
Teen's name (print)

Wood Dale Public Library District.

Parent or Guardian Signature

Date