



Centerville Summer Reading Volunteer Application

Last Name: _____ First Name: _____

Best way to contact you (phone and or email address): _____

What grade are you entering?: _____

When are you available to volunteer?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Volunteer hours subject to Library Open Hours

Do you have any work or volunteer experience?

Such as babysitting, yardwork, or previous summer reading volunteer experience?

What languages are you fluent in? _____

What volunteer opportunities are you interested in? *(not all opportunities are available at all locations)*

<input type="checkbox"/> Summer Reading Volunteer Help members play the Summer Reading Game	<input type="checkbox"/> Summer Program Help staff with library programs
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May we contact you with other volunteer opportunities? Yes No

By signing below, I and my child agree to:

- Give my consent to use interviews, photographs, and video of my minor child for the purposes of education, communication, and promotion of the Alameda County Library. I release the library from any expectation of confidentiality for my child.
- Abide by the policies of the Alameda County Library and the training my child receives.

Signature _____ Date: _____

Parent or Guardian Signature _____ Date: _____

Emergency Contact _____

Relationship to Child _____ Emergency Contact Phone Number _____

Staff Notes:

Start Date:

Training Date:

End Date:

Shred all files 3 years after start date