



# Irvington 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?*

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What languages are you fluent in? \_\_\_\_\_

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

<input type="checkbox"/> <b>Summer Reading Volunteer</b> Help members play the Summer Reading Game	<input type="checkbox"/> <b>Summer Program</b> 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*