May, 2017

Summer is almost here and we're getting ready for the Summer Reading Program at the Verona Public Library. We are looking for teens (entering grades 7 and up) to sit at a table in the children's area and hand out coupons and prizes to kids. Come volunteer anytime Monday – Saturday during the six weeks of the program and watch kids' faces light up as you reward them for reading. If you aren't around sometimes due to camp, vacation, or another commitment, it's no problem. Most teens volunteer 1-2 hours per week, but some do more, and some do less.

This is a chance to take part in your community in a fun way, and gain experience and references for anything from part-time jobs to scholarships or colleges. Volunteering at the library looks great on all kinds of applications.

We'll be training our volunteers during a pizza party. Please pass the word to your friends that we are looking for volunteers, too. Or consider volunteering with a friend. We happily accept groups of two at the listening table.

Once you turn in your application, you'll receive an e-mail from us via volunteerspot.com, inviting you to create an account if you don't already have one, and to sign up for available shifts.

Important Dates: Summer Reading Program June 12 – July 21, 2017

Volunteer Training & Pizza Party Wednesday, May 31, 6:00-6:30 p.m. OR Tuesday, June 6, 4:00-4:30 p.m.





Summer Reading Program 2017 Teen Volunteer Application



Name:
Address:
Phone:
Grade next year:
Volunteer signature:
Parent/Guardian signature:
E mail address (volunteer's er parent's)

Training Session you will attend (check one):

🗌 Wednesday, Ma	, 31,	6:00 -	- 6:30	p.m
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- Tuesday, June 6, 4:00 4:30 p.m.
- I need to schedule another time.
-] I've volunteered in the past and can do a quick training at my first shift.

Please fill out this form and return to the Youth Services Desk at the Verona Library, or via e-mail to estrutz@ci.verona.wi.us.

Volunteer Name:	Emergency Contact Inf	formation _ Date of Birth://			
Volunteer Phone:					
List 2 people you wou	ld like to be called in case of a	n emergency:			
1 st Contact Name:		_ Relationship:			
Home Phone:	Work:	Cell:			
2 nd Contact Name:		Relationship:			
Home Phone:	Work:	Cell:			
Physician:	Phone	Phone #			
	******** Below is Optional				
Allergies:					
Medications:					
Is there any other information that you feel medical personnel should be aware of?					
Volunteer Signature		Date			