

April, 2018

Thank you for your interest in volunteering 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. 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 train new 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 via [signup.com](http://signup.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

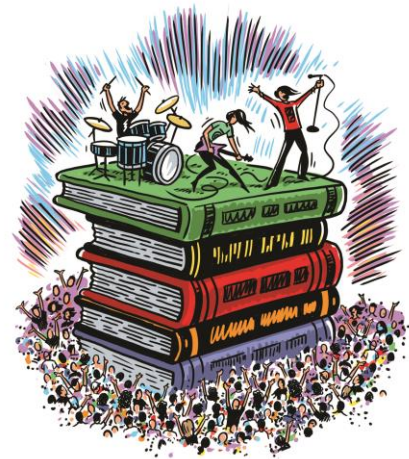
June 11 – July 20, 2018, volunteer shifts starting June 7

**Volunteer Training & Pizza Party**

Wednesday, May 30, 4:00-4:30 p.m.

OR

Monday, June 4, 6:00-6:30 p.m.



Thanks!

Julie Harrison, Mary Ostrander, and Leah Portz

Youth Services Librarians

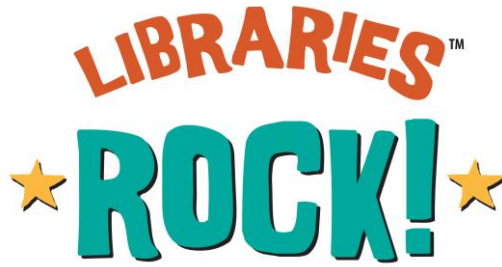
Verona Public Library

500 Silent Street

845-7180 ext 137

[jharrison@ci.verona.wi.us](mailto:jharrison@ci.verona.wi.us)

# Summer Reading Program 2018 Teen Volunteer Application



Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Grade next year: \_\_\_\_\_

Volunteer signature: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

E-mail address (volunteer's or parent's): \_\_\_\_\_

**Required.** Please write clearly. You will receive an invitation via e-mail to sign up for volunteer shifts online. If you don't receive an email from signup.com within a few days of returning this form, please contact the library.

## Training Session you will attend (check one):

- Wednesday, May 30, 4:00-4:30 p.m.
- Monday, June 4, 6:00-6:30 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 in person or by mail to the Verona Public Library, or via e-mail to [estrutz@ci.verona.wi.us](mailto:estrutz@ci.verona.wi.us).

## Emergency Contact Information

Volunteer Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Volunteer Phone: \_\_\_\_\_

List 2 people you would like to be called in case of an emergency:

1<sup>st</sup> Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

2<sup>nd</sup> Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

\*\*\*\*\* Below is Optional \*\*\*\*\*

Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there any other information that you feel medical personnel should be aware of?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date