

# Teen (6<sup>th</sup> grade & older) Volunteer Application Pulaski Branch Library ~ Summer 2019



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

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Grade in fall (must be 6th or higher): \_\_\_\_\_

Friend I'd like to work with: \_\_\_\_\_

Please check days and times you are available to volunteer - help children & parents sign up for the Summer Reading Adventure, explain how it works, and hand-out prizes. You may choose to do one session or both.

### June 10<sup>th</sup> – July 13<sup>th</sup>

	Monday	Tuesday	Wednesday	Thursday	Friday
10:00 – 11:30					
11:30 – 1:00					
1:00 – 3:00					
3:00 – 5:00					
5:00 – 7:00					

### July 15<sup>th</sup> – August 10<sup>th</sup>

	Monday	Tuesday	Wednesday	Thursday	Friday
10:00 – 11:30					
11:30 – 1:00					
1:00 – 3:00					
3:00 – 5:00					
5:00 – 7:00					

\*If you are unavailable for any days during the time slots you selected (classes, camp, or vacations) please list them here:

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\* PARENT PORTION \*\*\*\*\*

**This application MUST BE SIGNED by a legal guardian before submitting!**

\_\_\_\_\_ has my permission to volunteer at the Pulaski Branch Library this summer. We have reviewed and agreed to the dates and times indicated above.

\_\_\_\_\_ Guardian's Name (Please print)

\_\_\_\_\_ Guardian's Signature

\_\_\_\_\_ Date

Return application to Pulaski Branch Library (222 W. Pulaski Street)

Call or email Jen or Katie at 920-822-3220 - [Jarock jl@co.brown.wi.us](mailto:Jarock_jl@co.brown.wi.us) or [Anna.Hartshorn@co.brown.wi.us](mailto:Anna.Hartshorn@co.brown.wi.us)