

Summer Reading Game Volunteer Application

(Grades 7-12)



Name: _____ Age: _____ Grade: _____

Address: _____ Postal Code: _____

Phone: _____ Email: _____

What experience or special talents do you have that might help you in assisting children and their parents with playing our summer game?

We need assistance for the reading game between June 27 and August 25. Please check off **two or more** preferred days and times below:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
10:00-12:00							X
1:30-3:30							
3:30-5:30						X	X

I am not available on the following dates due to family holidays or other commitments:

Can you attend a training session on **Wednesday, June 26** from **7:00 - 8:00 pm**?

Yes

No

Not sure

Signature of parent/guardian: _____
 (or signature of applicant if age 18 or over)

Please return completed forms to the **main floor Information Desk** by **5:00 pm** on **Sunday, June 16**. If you are selected as a volunteer, you will be contacted to confirm.