

# 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?

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We need assistance for the reading game between June 26 and August 24. Please check off **two or more** preferred days and times below:

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

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

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Can you attend a training session on **Monday, June 23** from **6:30 - 7:30 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 15**. If you are selected as a volunteer, you will be contacted to confirm.