

# summer reading program

## VOLUNTEER APPLICATION

First and Last Name: \_\_\_\_\_

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

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

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

Date of Birth: \_\_\_\_\_ Age (Minimum 13): \_\_\_\_\_

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

### emergency contact

First and Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

### availability

Please check the boxes of the days and times that would work best for you below:

- ☐ Tuesdays @ 10:15am - 12:15pm (Kindergarten-Grade 2)
- ☐ Tuesdays @ 12:45pm - 2:45pm (Kindergarten-Grade 2)
- ☐ Wednesdays @ 10:15am - 12:15pm (Grades 3-4)
- ☐ Wednesdays @ 12:45pm - 2:45pm (Grades 3-4)
- ☐ Thursdays @ 9:15am - 11:15am (Grades 5-6)
- ☐ Friday Mornings (Community Events)

**Note:** The program runs from July 5- August 19, so please ensure the times you choose will work for you throughout the summer (you can let us know about days you will not be available below)

Please let us know about any days you will be unavailable through the summer (working, vacation, etc.):

\_\_\_\_\_

**Strathmore Municipal Library**

(403) 934-5440 | [strathmoresrp@gmail.com](mailto:strathmoresrp@gmail.com)

[www.strathmorelibrary.ca/srp](http://www.strathmorelibrary.ca/srp)

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### availability cont'd

Would you be interested in volunteering for One-on-One Reading Time (times will be determined a little later)? Please select below:

☐ Yes

☐ No

☐ Maybe

### photorelease

Optional: If we photograph you, may we use your picture (no last names or other personal information will be used) in promotional materials and on the website? If you agree, read and check below: I do hereby give and grant permission, in perpetuity, to the Strathmore Municipal Library Board of Trustees (hereafter, SMLB), to use in such a manner as it may deem desirable, my appearance in any photographs. I understand that those photographs may be edited and used in whole or part in any manner of media, including but not limited to, newsprint, magazines, television and the Internet. Further, SMLB, shall have complete ownership of the photographs, and shall have the exclusive right to make use of such photographs as it deems appropriate. I understand that I am to receive no compensation for my appearance in any photograph, or as a result of any use of the photograph by SMLB. I further give and grant to SMLB the right to use my name, likeness and biographical material in connection with its use of the photographs.

☐ I consent to the terms listed above

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### For volunteers under the age of 18, parental consent is required.

I, \_\_\_\_\_ consent to my child, \_\_\_\_\_ to volunteer at the Strathmore Municipal Library for the Summer Reading Program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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