

**SCHLOW CENTRE REGION LIBRARY
SUMMER VOLUNTEER APPLICATION FORM**
(Must be at least 13 years of age)

Name _____ Date _____

Address _____

Phone Number _____ School _____

Email Address _____ Grade Completed _____

Date of Birth _____

Please list any special skills or knowledge that you feel would be beneficial to the library.
(For example: any specific library or volunteering experience) _____

Why would you like to volunteer at Schlow Centre Region Library? _____

What days and times are you available to work?

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Volunteers under 18 years of age must submit a Parent/Guardian Consent Form with this application.

Applicant Signature _____

Schlow Centre Region Library

Parent/Guardian Consent Form

Name of Volunteer Applicant: _____

Birthdate: _____

Parent/Guardian Information

1. Parent/Guardian Name: _____ Home Address: _____

Home/Cell phone: _____ Work phone: _____

2. Parent/Guardian Name: _____ Home Address: _____

Home/Cell phone: _____ Work phone: _____

Emergency Contacts

If parents/guardians cannot be reached, the library will contact the people listed below. These should be responsible individuals who can: 1) give permission to administer health care, 2) pick up your child if the child is ill, 3) have authority to speak on behalf of the parents/guardians.

Name: _____ Name: _____

Home/Cell phone: _____ Home/Cell phone: _____

Work phone: _____ Work phone: _____

Relationship: _____ Relationship: _____

Does the child have any medical conditions that library staff should be aware of? If so, please describe: _____

I understand that in the case of a medical emergency, every effort will be made to reach one of the people listed above. If none of the people can be contacted, I authorize library staff to give consent to medical treatment for my child as deemed necessary by emergency personnel.

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ **Date:** _____