

SUMMER READING GAME VOLUNTEER APPLICATION



Name: _____ Age: _____

Address: _____ Postal Code: _____

Phone: _____ Grade: _____

E-mail Address: _____

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 30 and August 27. Please check off at least **two** preferred days and times below:

	Monday	Tuesday	Wednesday	Thursday	Friday
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:

Can you attend a volunteer training session on **Wednesday, June 28** from **7:00 – 8:00 p.m.**?

Yes No Not sure

Signature of Parent or Caregiver: _____

Please return completed forms to the Information Desk.
 Applications will be accepted until positions fill. If you are selected as a volunteer, you will be contacted by phone to confirm.