



Volunteer for Summer Fun at Pikes Peak Library District

June 1 - July 31, 2017

SUMMER ADVENTURE MENTOR

Ages 12 - 18 as of June 1

Duties:

- Register participants for Summer Adventure and explain details
- **NEW: Guide participants in earning Summer Adventure badges**
- Award prizes and log information
- Prepare materials for programs
- Assist with programs
- Other duties as assigned

Skills:

- Able to follow directions, assist with crowds, and communicate with children, teens, and adults
- Comfortable with technology

Time Commitment:

- Training session
- Volunteer hours as scheduled

Limited positions available.

**Apply by
May 1, 2017**

READING BUDDIES VOLUNTEER

Ages 13 - 18 as of June 1

Manitou Springs Library • Mondays • 3 - 4 p.m.

East Library • Tuesdays • 6:30 - 8 p.m.

Library 21c • Tuesdays • 3:30 - 5 p.m.

Duties:

- Help children retain and improve reading skills over the summer
- Listen to a child read aloud
- Read with a child
- Assist children in selecting reading materials and share your enthusiasm for reading

Skills:

- Ability to communicate with children and adults and follow directions
- Excellent reading skills

Time Commitment:

- Training session
- One shift a week

PHOTO RELEASE

I, _____, the parent/guardian of _____, hereby assign to Pikes Peak Library District all rights to any photographs taken or submitted for the promotional purpose of the Library at any time.

I hereby authorize Pikes Peak Library District to reproduce, exhibit, publish, or distribute any and all photographs taken in connection with the Library at any time.

I understand that Pikes Peak Library District will be held free and clear of any responsibility or claim for personal liability during the aforementioned use.

Signature of Parent/Guardian

Date

PPLD Application for Summer Adventure Volunteers

Choose the volunteer position in which you are interested:

- Summer Adventure Mentor Reading Buddies (must be 13 or older)

T-Shirt (adult sizes)
 Sm ___ Med ___ Lg ___ Xl ___
 Already have one!

Your Name: _____ Phone: _____

Address: _____

School: _____ Age: _____ Grade in the Fall: _____

Your Email (required): _____

Please check your preferred Library locations:

- | | | | | |
|--|----------------------------------|--|--|--|
| <input type="checkbox"/> Library 21c | <input type="radio"/> Teen Dept. | <input type="radio"/> Children's Dept. | <input type="checkbox"/> Manitou Springs Library | <input type="checkbox"/> Penrose Library |
| <input type="checkbox"/> East Library | <input type="radio"/> Teen Dept. | <input type="radio"/> Children's Dept. | <input type="checkbox"/> Mobile Library Services | <input type="checkbox"/> Rockrimmon Library |
| <input type="checkbox"/> Cheyenne Mountain Library | | | <input type="checkbox"/> Monument Library | <input type="checkbox"/> Ruth Holley Library |
| <input type="checkbox"/> Fountain Library | | | <input type="checkbox"/> Old Colorado City Library | <input type="checkbox"/> Sand Creek Library |
| <input type="checkbox"/> High Prairie Library | | | <input type="checkbox"/> Palmer Lake Library | <input type="checkbox"/> Ute Pass Library |

Please check your availability:

Days	9-12 p.m.	12-2 p.m.	2-4 p.m.	4-6 p.m.	6-8 p.m.
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9-11 a.m.	11-1 p.m.	1-3 p.m.	3-5 p.m.	
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			1-4 p.m.		
Sunday			<input type="checkbox"/>		

Do you know of any dates that you will be unavailable (such as vacations, etc.)?

Do you have any medical conditions of which we should be aware?

Please list two references, such as a teacher, neighbor, coach, etc.

Name #1: _____

Phone: _____

Name #2: _____

Phone: _____

Emergency Contacts:

Name: _____

Phone: _____

Name: _____

Phone: _____

If you are under 16, please have a parent/guardian sign below:
 I, _____, the parent/guardian give permission
(Please Print Name)
 for _____ to volunteer at Pikes Peak Library District.
(Print Child's Name)

Signature of Parent/Guardian

Date

I certify that the answers contained in this application are true. I understand that my volunteer service is conditional upon completion of the application.

Your signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Placed by: _____ Date: _____ Location: _____