



One Ace Road, Butler, New Jersey 07405, USA 973-838-3262 www.butlerlibrary.org

Summer Reading Volunteer Application Form
Please print clearly.

Date: _____

VOLUNTEER INFORMATION

Name: (Last) _____ (First) _____

Daytime Phone Number: _____ Email Address: _____

Emergency Contact: _____

Relationship: _____ Telephone Number: _____

Are you under 18 years old? Yes: _____ No: _____

AVAILABILITY

| | MON. | TUES. | WED. | THUR. | FRI. |
|-----------|------|-------|------|-------|------|
| 10AM-12PM | | | | | |
| 12PM-2PM | | | | | |
| 2PM-4PM | | | | | |
| 4PM-6PM | | | | | |
| 6PM-8PM | | | | | |

One Ace Road, Butler, NJ 07405 • 973-838-3262 • www.butlerlibrary.org

Summer Reading Program (Teens or Preteens Only): _____

Children's Program Leader (Teens or Preteens Only): _____



One Ace Road, Butler, New Jersey 07405, USA 973-838-3262 www.butlerlibrary.org

I certify that all answers given by me are true, accurate, and complete. I understand the falsification, misrepresentation or omission of fact on this application will be cause for denial of volunteer employment or immediate termination of volunteer employment. I authorize the investigation of all statements and information contained on this application and the execution of a background check. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation. I acknowledge I have read and understand the above statement and hereby grant permission to confirm the information on this application.

Signature: _____

Date: _____

Thank you for offering to volunteer at the Butler Public Library. You will receive a response to your application approximately two weeks after submitting it.

Approved by the Board of Trustees, November 7, 2013

TEEN/PRETEEN VOLUNTEER PERMIT

To be signed by parent/guardian if applicant is under 18 years of age. Applicant must be at least 12 to volunteer.

_____ (Applicant's Name)

has my permission to work as a Summer Reading Program volunteer at the Butler Public Library.

Applicant's Date of Birth: _____ Today's Date: _____

Signature of Parent/Guardian: _____

Relationship to Student: _____

Telephone Number: _____

Approved by the Board of Trustees, November 7, 2013