



APPLICATION FOR OWL'S NEST VOLUNTEER Sioux Center Public Library

The Sioux Center Public Library invites you to become an Owl's Nest volunteer. This is a new reading partnership program designed for children TK to 4th grade. If you would like to be part of this exciting program, please fill out both sides of the following application.

NAME: _____

DATE OF BIRTH: _____ male female (circle one)

ADDRESS: _____

PHONE: _____

EMAIL: _____

EMERGENCY CONTACT PERSON: _____ PHONE: _____

IF APPLICABLE: SCHOOL ATTENDING THIS YEAR: _____

TEACHER REFERENCE: _____

EXPERIENCES THAT HELP YOU TO BE AN OWL'S NEST VOLUNTEER:

INTERESTS AND HOBBIES: _____

WHY DO YOU WANT TO BE AN OWL'S NEST VOLUNTEER?

WHEN ARE YOU ABLE TO MEET WITH YOUR LITTLE OWL AT THE LIBRARY?
PLEASE PUT A TIME IN THE BLANK.

	MON.	TUES.	WED.	THURS.	FRI.	SAT.
AM:	_____	_____	_____	_____	_____	_____
PM:	_____	_____	_____	_____	_____	_____

REFERENCES (NOT FAMILY MEMBERS)

1. NAME _____ PHONE: _____

2. NAME _____ PHONE: _____

This volunteer position requires attendance at a 1 hour training session, a commitment to your child, dependable attendance, and notification ahead of time if unable to be at the library when scheduled.

As a volunteer, I will abide by the library’s policies, and I will be dependable and responsible in fulfilling the duties for which I have volunteered. If I know in advance that I must be absent, I will notify the child’s family and library staff as soon as possible. If my absence is unexpected, I will notify the library immediately.

I hereby agree to indemnify and hold harmless the library and its officers, agents, employees, advisors, customers, and other volunteers from any liability or claims of loss, costs or expenses, including attorney fees, for personal injuries to me or damage to my property or theft or loss of my property in connection with my participation and work as an unpaid volunteer at the library.

VOLUNTEER’S SIGNATURE: _____ **DATE:** _____

IF UNDER THE AGE OF 18 PLEASE HAVE A PARENT OR GUARDIAN SIGN:

I give _____ permission to volunteer for all aspects
(Volunteer’s Name)
of this program and on the days and times assigned for this program.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

Sioux Center Public Library has permission to use images of me in any program related media. _____

Sioux Center Public Library Contact Person: Lindsay Mulder Phone: 722-2138

_____ *OFFICE USE ONLY* _____

ASSIGNED CHILD: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

DATE/TIME/LOCATION OF TRAINING SESSION: _____

DATE/TIME OF FIRST MEETING: _____

