Owl's Nest Volunteer Application

Sioux Center Public Library

The Sioux Center Public Library invites you to become an Owl's Nest volunteer. This is a 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.

Contact Information:

Name: _____

Address: _____

Phone: _____

Email: _____

Date of Birth: _____ Today's Date: _____ male female

Emergency Contact and Relationship: _____ Phone: _____

School Attending this Year (if applicable): _____

Teacher Reference (if applicable): _____

Skills and Experience

What languages do you speak? Do you feel comfortable reading, writing, listening and speaking these languages? If so, which one(s)?: _____

Interest and Hobbies: _____

_____

Why do you want to be an Owl's Nest volunteer? _____

_____

_____

Availability

Are you able and/or willing to meet with more than one Little Owl? Yes No

When are you available to meet with your Little Owl? Please fill in your available days/times.

	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.
AM						
PM						

Please list which days work best for you in order of preference:

1. (Preferred day) _____
2. _____
3. _____

References (Not Family Members)

	Reference's Name	Reference's Phone Number
1.		
2.		

Agreement and Waiver

This volunteer position requires attendance at a ½ hour training session, a commitment to your child, dependable attendance, and notification ahead of time if unable to be at the library when scheduled. The Sioux Center Public Library has permission to use images of me in any program related media.

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 (or my child's) participation in this program at the library.

Volunteer's Signature: _____ Date: _____

Parental Signature (if under age 18)

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

Parent/Guardian Signature: _____ Date: _____

Sioux Center Public Library Contact Person:

Rachel Byars, Children's Programmer
Phone: 712-722-2138 E-mail: Rachel.Byars@siouxcenterlibrary.org

Sioux Center Public Library

Office Use Only

Assigned Child: _____
Address: _____
Phone: _____
Email: _____
Date/Time/Location of Training Session: _____
Date/Time of First Meeting: _____