



Sioux Center Public Library Summer Reading
Volunteer Application 2023

Today's Date: _____

First name: _____ Last name: _____

Address: _____

Daytime Phone #: _____ Grade: _____

Evening Phone #: _____ Entering Grade 6th – 12th

Email Address: _____

Parent:

Name: _____

Phone #: _____

Email Address: _____

Relationship: _____

Availability:

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday

_____ Morning _____ Afternoon _____ Evening

Training dates (mark your preference):

_____ May 25 @ 3:45pm _____ May 26 @ 3:45pm

_____ I would still like to volunteer but cannot attend either training date

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 Signature: _____

Parent/Guardian Signature: _____