



Sioux Center Library Summer Reading  
Volunteer Application

First name \_\_\_\_\_ Last name \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Age: \_\_\_\_\_

Evening Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Parent:**

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Availability:**

\_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Saturday

\_\_\_\_\_ Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening

**Training dates (mark your preference):**

\_\_\_\_\_ May 28 @ 2:30pm \_\_\_\_\_ May 30 @ 2:30pm

\_\_\_\_\_ 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:** \_\_\_\_\_