

DCPL SUMMER VOLUNTEER APPLICATION FORM

Looking for something to do this summer? The youth services department of the Davie County Public Library in Mocksville is looking for volunteers. You must be a rising 6th grader or above, and be willing to donate a minimum of 21-24 hours over the eight weeks of the summer reading program (Monday, June 18th – Monday, August 13th). Shifts include 10-1, 1-4 M-F and some M 5-8. Duties will include working the sign-up and prize desk, alphabetizing, cutting and copying, washing books, and assisting at kids' craft programs.

If you are interested, please fill in the application below and return it to Julie Whittaker, Youth Services Librarian, via fax 336-751-1370, email jwhittaker@daviemountync.gov, mail or hand deliver to DCPL, 371 N. Main Street Mocksville NC 27028 between May 1 and June 30. We will then work together to create a work schedule for you around camps, vacations, and other commitments. The week of June 11-15, from 10:00 am until 5:00 pm will be dedicated to scheduling summer volunteers, adult and volunteer must appear in person at DCPL's Mocksville location to schedule volunteer hours. Please contact Miss Julie if you need a time outside 10-5.

General rules & regulations:

- If you find you can't make it when scheduled to work please call Miss Julie at 753-6038. We count on you being here and will worry if you don't show up.
- Feel free to bring a snack and something to read in case you have some waiting time. At times the staff will be too busy to get you started on something new and you may have to simply sit at the desk.
- Volunteers are here to help patrons and the library staff. You will be expected to do what is asked of you with a minimum of staff supervision.
- If you are having difficulty achieving a task, or have been doing the same thing so long you can't stand it, please tell us! We want you to enjoy your work time here.
- Remember that as a volunteer you become a representative of the library (especially to young children) and your behavior will reflect on us.

It is essential that a parent or responsible adult be reachable during the time you volunteer in case of illness or emergency.

PLEASE PRINT CLEARLY and RETURN BOTTOM PORTION TO YOUTH SERVICES

Name: _____ DOB: _____ Age: _____

Address: _____

Phone: _____ School & Grade in fall: _____

Parent's name(s): _____

Parent's address: _____

Home phone: _____ Work phone: _____ Cell #: _____

Email: Volunteer _____ Parent _____

During the time my child is scheduled to volunteer at the library I may be reached at:

If I am not available in case of emergency please contact:

Name: _____ phone: _____ relationship: _____

I give permission for my child to volunteer at the Davie County Public Library.

Parent signature _____ (date) _____