



640 Orange Avenue, Coronado, CA 92118 (619) 522-7390

The Coronado Public Library is looking for qualified volunteers (entering 6th grade through 12th grade) who will assist with the Summer Reading Program. Volunteers should want to work with children and adults, have good organization and communication skills, and be excited to promote the Summer Reading Program to our community. Responsibilities include working the Summer Reading desk to hand out incentives and helping with summer programs.

Requirements to be a Junior Volunteer:

- Be available to volunteer during the time period of **June 18th through August 1st**. Volunteer for shifts that fit in your schedule. Going on vacations during this time period is okay.
- **Sign up for the Teen Summer Reading Program.**

Name: _____ Grade: _____

Address: _____

Phone Number: _____

E-mail (yours or a parent): _____

Why would you like to volunteer for the library? _____

Coronado Public Library Junior Volunteer Contract

Please write your initials on the line next to each requirement indicating that you have read and agreed to our policies. I, _____,

_____ Will be punctual for all programs and booth time, and I will give notice to the Library as soon as possible if a problem arises which would prevent me from performing my duties.

_____ Will show respect towards my leaders, peers and the children with whom I work.

_____ Will complete the task assigned to me to the best of my ability.

_____ Will make efficient use of my time by seeking out ways in which I may help others after completion of my own responsibilities.

_____ Will be enthusiastic about volunteering; and will dress appropriately and maintain a neat appearance.

_____ Will not allow personal problems or conflicts to interfere with my job performance and interaction with children.

_____ WILL HAVE A GREAT EXPERIENCE VOLUNTEERING!

Failure to comply with the contract will result in loss of volunteer privileges.

For Teens: I certify that all statements in this application are true and complete to the best of my knowledge. I understand that any false statements will subject me to disqualification or dismissal. I have read and initialed each item in the volunteer contract and agree to adhere to this policy. I am aware that being a member of the Junior Volunteers may require a commitment of several hours a month, and that I may continue to be a Junior Volunteer and volunteer at the Library throughout the school year.

Teen Signature _____

Date _____



**CITY OF CORONADO
CORONADO PUBLIC LIBRARY JUNIOR VOLUNTEER FORM
PARTICIPANT INFORMATION FORM**

Personal Information

Child's Name _____
 Age _____ Date of Birth _____
 Mother's Name _____
 Cell Phone: _____
 Father's Name _____
 Cell Phone: _____
 E-mail Address _____

Emergency/Medical Information

Please list an emergency contact in the event that neither parent can be reached.
 Emergency Contact: _____
 Relationship: _____
 Cell Phone: _____
 Does your child have any allergies or special needs that we need to be aware of? ____ Yes ____ No If yes, please explain: _____

 Does your child take medications? ____ Yes ____ No If yes, please explain: _____

Pick Up Permission

The following people have permission to pick up my child (in addition to parents/legal guardians):
 Name: _____
 Cell Phone: _____
 Name: _____
 Cell Phone: _____

AUTHORIZATION OF TREATMENT OF A MINOR AND HOLD HARMLESS

This form signed by you authorizes emergency medical treatment for a minor child in case of necessity. Should it be necessary for you to be away from home it can authorize the City of Coronado to act for you. (I)(We) the undersigned, parent(s) or legal guardian of the above child, a minor, do hereby authorize THE CITY OF CORONADO and/or any California Hospital as agents for the undersigned to consent, in advance of any specific diagnosis, to any x-ray examination, anesthetic medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any California Hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California, and shall remain effective until revoked in writing by parent/guardian. I will not hold the City of Coronado responsible for any damage arising from any injury that might be received while participating in activities of the City of Coronado Public Library Department.

Signature: _____
 Signature of Participating Adult, Parent or Guardian Date

Printed Name: _____
 Name of Participating Adult, Parent or Guardian Date

NAME AND LIKENESS RELEASE

In further consideration of participation in the City of Coronado Public Library Programs, I agree that the City of Coronado and its officers, agents, or employees may use my appearance, name, and likeness in connection with my participation in any City of Coronado publication, including news release, without my prior consent. I further agree that I am not entitled to any compensation for such use of my appearance, name, and likeness.

Signature: _____
 Signature of Participating Adult, Parent or Guardian Date