**Returning Volunteer Application**

**Library Staff Only**

**First Day\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Rec’d Schedule**\_\_\_\_\_

University City Public Library

6900 Delmar Blvd.

(314) 727-3150

*Calling* ***all Returning Volunteers*** *to help train in* ***U City Library’s 2024 Summer Reading Program: All Together Now!***

*You helped make our summer reading program a success in previous years; are you ready to help build a revised, COVID safe Summer Reading Program?*

**Reporting /volunteering starts Friday, May 17 and ends Friday, July 19.**

The **returning volunteer** orientation is scheduled on **Thurs., May 2, 4:30-6:30 p.m.**

If you cannot attend that meeting please see the chart below for additional orientation days available.

**RETURN COMPLETED APPLICATION TO YOUTH SERVICES AT U CITY LIBRARY BY APRIL 26.**

**Instructions:** Please print neatly in black or blue ink.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Volunteer Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_ Are you able to receive text messages? Yes/No

School Next Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Next Year: \_\_\_\_\_

Do **you** have a U. City Library Card? Yes/No **What’s the best phone number to reach you? My Cell / My Parents Phone**

**AVAILABILITY:** Volunteers will be assigned 1-hour shifts. You must commit to at least 4 weeks.

**NOTE CHANGE:** Cross out the days/times below that you are **NOT AVAILABLE.** You will not be scheduled for those times.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **MONDAY** | **TUESDAY** | **WEDNESDAY**  | **THURSDAY** | **FRIDAY** | **SATURDAY** | **SUNDAY** |
| 3:00-4:004:00-5:005:00-6:006:00-7:15 | 3:00-4:004:00-5:005:00-6:006:00-7:15 | 3:00-4:004:00-5:005:00-6:006:00-7:15 | 3:00-4:004:00-5:005:00-6:006:00-7:15 | 3:00-4:004:00-5:005:00-6:006:00-7:15 | 2:00-3:003:00-4:15 | 2:00-3:003:00-4:15 |

What day can you begin volunteering? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any days you can’t volunteer due to day trips, camp, vacation, etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Are you available to pick up more shifts (for a total of 2 or 3 shifts per week), if needed? Yes / No

|  |  |
| --- | --- |
| **Returning Volunteer Training** | **2nd Option: Attend a New Volunteer Orientation & Training** |
| **PREFERRED:****Thursday, May 2****4:30 – 6:30** | Sat., May 4**10:30-12:30** | Tues., May 7**4:00-6:00** | Thurs., May 9**4:00-6:00** | Sat., May 11**1:00-3:00** |

**TRAINING:** To register, please call 314-727-3150 no later than the **day before** the orientation you plan to attend.

**Please discuss with your parent(s) your commitment to volunteering and the best times to volunteer before filling out your application.** Have your parents sign the back of this form and bring the completed application to the training.

**Volunteer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dear Parents/Guardians,

The University City Public Library has a tradition of strong summer teen volunteer program. Our summer reading program is unique because children report/talk to teens about what they have read and teens offer encouragement and rewards to the children. This year we are in our 6701 Delmar location for in person reporting.

There are many benefits to being a teen volunteer. They get the positive feelings of helping young children. They make new friends. They earn community service hours. We think of this experience as training for a real job. We need your support to help them maintain their commitment to our program and to help nurture a budding work ethic. This is why we require your signature. Please review our requirements and the schedule that you and your child are submitting.

**Volunteer Expectations**

* Volunteer at least once a week for a minimum of four weeks.
* Have a University City Public Library Card or MLC Library Card. (Available for free!)
* Enjoy working with kids.
* No distracting family, friends, or electronics while volunteering.
* May bring a book to read during down time.
* Complete our reading program by reading a minimum of 12 hours and report and/or blog 3 times.
* Arrive on timefor your shift(s).
* **Call the Youth Services Dept. at (314)727-3150 as soon as possible if you cannot make your shift.**

We understand that especially in summer schedules can change. New opportunities can come up, camps may become available, and youth may get other jobs. However, we need adequate advance notice of a schedule change. We view our volunteer program as a job training experience and expect teens to treat it with the same level of dedication as a job.

**Potential Concerns -** which *may result* in losing community service hours and place in the program.

* Missing 2 shifts without calling the library.
* Repeated tardiness.
* Significant, repeated disruptive behavior.

Shifts are assigned **after applications are turned in** and the volunteer has **attended training**.

We will call and let your child know their **first day of volunteering** and printed schedules will be provided.

*Volunteers who complete the program (read and report 12 hours) may attend*

*the volunteer party with free food and prizes!*

I give my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ permission to volunteer in the 2024 Summer Reading Program.

**I understand that failure to meet the expectations will result in him/her being released from the program without volunteer service hours at the discretion of the library.**

**\*Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent/Guardian’s Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Parent/Guardian Email:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_**

**Video/Photo Release:** Your signature grants permission to take photographs or use video footage of your child. We will not use the photographs or video images for commercial purposes or release your child’s name unless we get separate permission.

**Parent/Guardian’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**