



Aiken County Public Library
314 Chesterfield St. SW
Aiken, SC 29801
803-642-2020

2019 Teen Summer Reading Volunteer

Who can volunteer?

- Teens ages 13-18
- Have a library card in good standing
- Be enrolled in school or homeschool program

What do summer reading volunteers do?

Volunteers will assist the library staff with summer reading activities, including:

- Reading program sign-ups
- Record and award summer reading prizes
- Set up/clean up for programs
- Shelve materials in the children and teen departments
- Keeping the departments neat & clean
- Other duties assigned by the children's librarian

Why volunteer?

- Gain "work" experience
- Give back to the community
- Earn community service hours for school or scholarships
- Develop leadership skills

How do I become a summer reading volunteer?

- Complete the application and return to the Aiken County Public Library by **Monday, May 13.**
- Ms. Marie will contact you. Not all applicants will be accepted.
- Attend a training session on May 25 at 3 p.m. or June 4 at 6 pm. If you want to volunteer but cannot attend either session, something can be worked out if you are selected as a volunteer.

Library Hours:

Mon 10-6	Thurs 10-9
Tues 10-9	Fri 10-6
Wed 10-6	Sat 10-6



Aiken County Public Library

Teen Summer Reading Volunteer Application

Applications must be completed and returned to the Aiken County Public Library by Monday, May 13. *Submitting an application does not guarantee placement as a summer reading volunteer.*

Name: _____ Age: _____

Parent/Guardian name: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Phone Number: _____ Alternate Phone: _____

Email: _____

Library card # _____ (card in good standing required)

School: _____ Grade: _____

Hobbies or interests: _____

List any previous volunteer experience: _____

Why do you want to volunteer at the library? _____

Have you ever attended a Teen Advisory Board meeting or a teen program at the library? _____

I can attend a training session on: (pick one)

Saturday, May 25, 3-4 p.m. _____ Tuesday, June 4, 6-7 p.m. _____

Maximum number of hours per week you are willing to volunteer: _____

Days per week you would like to volunteer: _____

I cannot work: (Example: July 4-10, vacation) _____

Most volunteer opportunities will be drop-in. However, you can sign up to help with summer library programs. Please mark which programs you would like to help with by putting a checkmark after the program name:

Name of Program	Date	Setup	Program	Cleanup
Summer Reading Kickoff	Thursday, June 6	3:00-3:30 p.m.	3:30-4:30 p.m.	4:30-5:15 p.m.
Preschool Dance Party	Friday, June 7		10:30 a.m. -12:00 p.m.	
Kindergarten Readiness	Friday, June 14	10:00-10:30 a.m.	10:30 a.m.-12:00 p.m.	12:00 -12:30 p.m.
Moon Rocks	Tuesday, June 26	1:00-2:00 p.m.	2:00-4:00 p.m.	4:00-4:45 p.m.
Under the Stars	Tuesday, July 2	10:00 a.m.-11:00 p.m.	11:00 a.m.-12:00 p.m.	12:00 p.m.-12:45 p.m.
Out of This World	Tuesday, July 16	5:30-6:30 p.m.	6:30-8:00 p.m.	8:00-8:45 p.m.
Seriously Amazing Puppet Show	Wednesday, July 17	1:00-1:45 p.m.	2:00-3:00 p.m.	3:00-3:30 p.m.
Share the Color Food Workshop	Tuesday, July 31	11:00-12:00 p.m.	12:00-1:00 p.m.	1:00—1:45 p.m.

Prize pickups: Wednesday from 11:00 a.m-12:00 p.m.. Circle dates you are available.

June 5 June 12 June 19 June 26 July 3 July 10 July 24 July 31 (1:00-2:00 p.m.)

Teen Summer Reading volunteers must 13-18 years of age, be enrolled in a school or homeschool program, have a library card in good standing, and be willing to volunteer at least 20 hours this summer. Applicants are not guaranteed placement as a summer reading volunteer. The Aiken County Public Library reserves the right to deny or terminate volunteer positions for any reason at the library’s sole discretion.

I certify that statements on this application are true and correct to the best of my knowledge. I have read and understand all of the requirements for a Teen Summer Reading volunteer position.

Teen Signature: _____ Date: _____

PARENTAL PERMISSION

Parent/Guardian name: _____ Relationship: _____

Phone Number: _____ Email: _____

Emergency contact for teen : _____ Relationship: _____

Phone Number: _____

I, _____, have read the information provided above by my child and certify that it is true and correct to the best of my knowledge. I consent to the use of photographs or video of my child for the use of library publicity in the forms of television, website, or print media release. I understand that Aiken County Public Library reserves the right to deny or terminate volunteer positions for any reason at the library’s sole discretion.

Signature: _____ Date: _____