

2025 Summer Reading Volunteer Application

(Volunteers must be students entering grades 6-10)
Completed Application with Reference Letter Due: May 19



INSTRUCTIONS: Please type or print your answers in ink. Answer every question in full, to the best of your ability. Selected volunteers will be notified by email by **May 23**.

Volunteer Name: _____
(First and Last)

Email: _____

(The email listed above will be the primary form of contact. Delivery is not available to most CCPS email addresses.)

Whose email address is this? Student Parent/Guardian

Please note that you may only volunteer at one CCPL branch for Summer 2025. Please give your first choice and an alternative in case volunteer slots are full.

First Choice Library: _____ **Second Choice:** _____

See below for mandatory orientation dates for new and returning volunteers. If you are unable to attend orientation at your selected branch, please call the branch to discuss alternatives.

Library	Date	Time
Chesapeake City	May 29	4:00-5:00 pm
Elkton	May 29	3:30-4:30 pm
North East	May 29	5:00-6:00 pm
Rising Sun	May 27	6:00-7:00 pm
Perryville	May 28	5:00-6:00 pm

IMPORTANT INFORMATION:

- CCPL's 2025 Summer Reading Program runs from June 1 - August 9.
- Shifts are generally available Monday 1:00pm-5:00pm, Tuesday-Thursday 10:00am-6:00pm, and Friday-Saturday 10:00am-4:00pm.
- Specific shift availability will be provided through Sign Up Genius and volunteers will be responsible for scheduling their own shifts online.
- Only two volunteers will be scheduled per shift. Volunteers are allowed to be in the library before/after their designated shift during open hours in the case of transportation obstacles.
- Participants can volunteer for a max of 2 hours per day. Volunteers are expected to volunteer for at least 10 hours over the summer.

As a Summer Reading Volunteer, your responsibilities include but are not limited to:

- Being kind and courteous towards patrons and staff
- Explaining the Summer Reading Program to families and helping them register
- Checking logs and administering reading rewards
- Self-scheduling through Sign Up Genius
- Small tasks as assigned to help librarians such as assisting with book displays

Staff Use Only

Date/Time Received: _____ Reference Received? Yes No Staff Initials: _____

Additional Volunteer Information

Address: _____

T-Shirt Size (Adult Sizes) Small Medium Large XL XXL

Age: _____ **Grade Entering (Fall 2025):** _____

To help us offer you the best experience, please write a sentence or two stating why you wish to be a volunteer for the Summer Reading program.

Tell us more about you! Please share why you feel you would be great for this opportunity. Feel free to share any special skills, hobbies, or related experience.

Parent/Guardian Contact

Name: _____ **Relationship:** _____

Phone: _____

Emergency Contact (Other than parent/guardian listed above)

Name: _____ **Relationship:** _____

Phone: _____

Parental/Guardian Permission

My child _____ is permitted to perform volunteer services for the Cecil County Public Library. This permission is intended to extend to any duties or services deemed appropriate by the Cecil County Public Library.

Please list any allergies, medical concerns, or accommodations that you would like our staff to be aware of: _____

Signature of Parent/Guardian: _____ **Date:** _____

Applicant's Signature: _____ **Date:** _____

Please turn in the full completed application including the sealed reference form to any CCPL Branch by May 19, 2025.

2025 Summer Reading Volunteer Reference



Applicants are required to submit 1 reference — valid references include teachers, coaches, and neighbors. References from immediate relatives will not be considered. All applications are due by **May 19**.

Volunteer Name: _____
(First and Last)

Reference Name: _____

Phone: _____ **Relationship to Applicant:** _____

Email: _____

How long have you known the applicant? _____

Please list some of your applicant's strengths:

- 1.
- 2.
- 3.

Additional Comments:

(Feel free to include additional highlights, experiences, known accommodations needed, or areas for improvement.)

Signature: _____ **Date:** _____

Please seal your reference in the included envelope and return to your applicant.