

2023 Summer Reading Volunteer Application

(Volunteers must be students entering grades 6-10)

Completed Application with Reference Letter Due: May 1



It is our policy to employ personnel strictly on the basis of an individual's qualifications. Selections are made without regard to race, color, creed, sex, age, national origin, marital status, physical or mental disability, sexual orientation or genetic information (Article 49B, Annotated Code of Maryland).

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 12**.

Please note that you may only volunteer at one CCPL branch for Summer 2023. Please provide your first choice and an alternative in case volunteer slots are full.

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

See below for mandatory orientation information for new and returning volunteers.

| Library | Orientation Date | Time |
|-----------------|------------------|-------------|
| North East | May 17 | 6:00-7:00pm |
| Chesapeake City | May 18 | 3:00-5:00pm |
| Perryville | May 20 | 1:00-3:00pm |
| Rising Sun | May 23 | 5:00-6:00pm |
| Elkton | May 31 | 3:30-4:30pm |

Can you attend orientation at your first choice library on this date? ☐ **YES** ☐ **NO**

If **NO**, please indicate which library orientation you would like to attend: _____

Are you available to volunteer for at least 10 hours this summer? ☐ **YES** ☐ **NO**

SHIFT INFORMATION

- Shifts are generally available Monday-Friday from 10:00am-6:00pm and Saturday 10:00am-5:00pm for a daily total of two hours.
- Specific shift availability will be provided through SignUpGenius 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.

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

Please turn in the full completed application including the sealed reference form to your first choice library by May 1

Volunteer Personal Information

Name: _____
(First and Last)

Address: _____

Phone: _____

Email: _____
(email will be the primary form of communication so please include one that is regularly checked)

Age: _____ **Grade Entering (Fall 2023):** _____

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.

Parent/Guardian Contact

Name: _____ **Relationship:** _____

Phone: _____ **Email:** _____

(Email communication is preferred so please list the best one to contact the summer reading volunteer.)

Emergency Contact

(Other than parent/guardian listed above)

Name: _____ **Relationship:** _____

Phone: _____

Parental/Guardian Permission

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

(Please feel free to discuss any allergies or medical concerns your child may have with our Children's Staff.)

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

Staff Use Only

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

2023 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 1**.

Volunteer Name: _____
(First and Last)

Reference Name: _____

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

Email: _____

Please list some of your applicant's strengths:

- 1.
- 2.
- 3.

Are there any weaknesses you are aware of that would impact their success as a CCPL volunteer?

Additional Comments:

Signature: _____ **Date:** _____

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