

# TEEN VOLUNTEER OPPORTUNITY



## Mission Viejo Library Summer Reading Program **June 15 — July 31**

### *Summer Reading Program volunteers get to:*

- Promote literacy
- Encourage children as they read through the Summer Reading Program
  - Give out prizes to children earned by reading books
  - Have fun working with children and other volunteers



*For information call the Mission Viejo Library*  
**Teen Services Librarian 949-830-7100, extension 5134**  
Mission Viejo Library  
100 Civic Center, Mission Viejo, CA 92691

**NOT SPONSORED OR PRINTED AT SCHOOL DISTRICT EXPENSE**

# SRP TEEN VOLUNTEER APPLICATION

Applications accepted at the Youth and Adult Reference Desks.

***Please write legibly!***

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Must be 13 at start of program)  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
School: \_\_\_\_\_  
Email: \_\_\_\_\_

**Volunteer orientation is required! You may attend one of two dates:**

**Friday, June 7, 5:00 - 6:00 p.m. Storytime Room**  
**Saturday, June 8, 1:00 - 2:00 p.m. Storytime Room**

**Shift sign ups will be held after each Volunteer Orientation.**

I choose to participate with the **City of Mission Viejo Library Summer Reading Program**. I am aware this volunteer assignment may present risk of injury. I agree to assume all risks for injuries arising out of my participation as a volunteer. I agree that the City of Mission Viejo and all employees, officials, agents, representatives and sureties of the City shall NOT be responsible or liable for any injury, damage, loss or expense, to my person and/or property, incurred while participating as a library volunteer.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**— PARENTAL CONSENT (Required for volunteers under 18 years of age) —**

I hereby allow my son/daughter to participate in the **Mission Viejo Library Summer Reading Program**. I understand that services are being offered on a voluntary basis without anticipation of financial remuneration. I agree to assume all risks for injuries arising out of my son/daughter's participation as a volunteer. I agree that the City of Mission Viejo and all employees, officials, agents, representatives and sureties of the City shall NOT be responsible or liable for any injury, damage, loss or expense, to my son/daughter and/or property, incurred while participating as a library volunteer.

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency phone number: (\_\_\_\_\_) \_\_\_\_\_

**— MEDICAL RELEASE —**

In the event that I cannot be reached in an emergency, I hereby give permission to the emergency medical staff selected to hospitalize and secure proper treatment for my child and I will assume all medical cost.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**NO COURT REFERRALS ACCEPTED**