

Date: _____

We are very excited to offer you the opportunity to volunteer in *The Story Garden*. Please let us know your areas of interest:

- Leaders for Readers
- Jr. Reading Clubs
- Storytimes
- Senior Storytimes
- Board Games Club
- Other: _____

The STORY Garden



Baby Bookworms & Beyond

VOLUNTEER APPLICATION

_____		_____		M/F
FIRST NAME	LAST NAME			
_____		_____		
ADDRESS	APT.	POSTAL CODE		
_____		_____		
HOME PHONE	MOBILE PHONE	SCHOOL	GRADE	
_____		_____		
EMAIL		EMERG. CONTACT & PHONE		
_____		_____		

CONSENT

By signing below, I agree to be a volunteer in The Story Garden and understand that I must be available for the duration of the program I am volunteering for. I also provide my consent to be photographed or videotaped in The Story Garden for the purpose of sharing our programs with others in print, on our website or through social media.

SIGNATURE

PARENT/GUARDIAN SIGNATURE (IF UNDER 18)

DATE

POLICE CHECK SUBMITTED? <input type="checkbox"/>
Date _____
Rec'd at SG _____

TRAINING COMPLETED? <input type="checkbox"/>
Date _____

SEASON _____

L4R ASSIGNED READER(S):			
_____	_____	TEAM #1	TEAM #2
_____	_____	_____	_____