



Volunteer at Goleta Valley Library This Summer! 2024 Summer Reading Program June 15th - July 27th

- Earn Community Service Hours
- Award Prizes to Youth Participants
- Help with Special Events
- Learn about the Library & Get Involved in Your Community



How to Apply:

 Complete all pages of this packet
Attend one of our Teen Volunteer Orientations Saturday, May 25 from 2:00-3:00pm Tuesday, May 28 from 4:00-5:00pm Saturday, June 1 from 3:00 -4:00pm



Goleta Valley Library 500 N. Fairview Ave. Goleta, CA 93117 www.goletavalleylibrary.org 805-964-7878







2024 Summer Reading Program Volunteer schedule

During the Summer Reading Program, participants in the youth age category (grades 6 and under) earn Summer Reading Prizes by reporting their reading to a Teen Volunteer!

As a volunteer, you will get to award prizes and keep track of how many readers visit the Teen Volunteer table.

Please circle the days and times when you are available to volunteer at the Teen Volunteer Table:

Tuesday	9:30 am-	12:00pm-	2:30pm-	5:00pm-
	12:30pm	3:00pm	5:30pm	7:00pm
Wednesday	9:30 am-	12:00pm-	2:30pm-	5:00pm-
	12:30pm	3:00pm	5:30pm	7:00pm
Thursday	9:30 am-	12:00pm-	2:30pm-	5:00pm-
	12:30pm	3:00pm	5:30pm	7:00pm
Friday	9:30 am- 12:30pm	12:00pm- 3:00pm	2:30pm- 5:30pm	
Saturday	9:30 am- 12:30pm	12:00pm- 3:00pm	2:30pm- 5:30pm	
Sunday	12:30 pm- 3:00pm	2:30pm- 5:00pm		

Would you like to volunteer for extra shifts to help with special events like magic shows and the Stuffed Animal Sleepover?

Yes No

If there are any dates you will \underline{NOT} be available during the summer, please write them here:



VOLUNTEER PROGRAM MINOR (AGES 14-17) APPLICATION

Volunteer Name:					
Address:					
City:	State:	ZIP:			
Phone:	Date of Birth (Month/Day/Year):				
Email:					
Name of Parent/Guardian:					
Parent/Guardian Daytime F	Phone:				
Emergency Contact:	Phone: _				
243.4 of the Penal Code, a	ted of a violation or attempted sex offense against a minor, o nt to Section 290 of the Penal	or of any felony, which			
School:	Grade	going into:			
Interests:					
Special Skills, Talents and L	_anguages:				

How did you become interested in the volunteer program?

Assignments Preferred:			
Previous Volunteer Experie	nce:		
Other Applicable Experienc			
Hours Available:			
Sunday	Monday	Tuesday _	
Wednesday	Thursday	Friday	
Saturday			
Do you have any limitations explain:	s related to heal	th or physical ability? If	so, please
Volunteer Signature:			_
Parent/Guardian Signature	:	Date:	
Completion Volunteers are recruited and sele corps of volunteers is both nec demographic information to meet	ected on their inter cessary and desira		
Please Check One:			
Black (Not Hispanic)		White (Not Hispanic)	Hispanic

American Indian or Alaskan Native Asian or Pacific Islander

WAIVER, RELEASE, HOLD HARMLESS, AND AGREEMENT NOT TO SUE

I, ______ (FULL NAME), fully understand that my participation in the ______ (hereinafter "event/class") exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses, or property damage. I hereby acknowledge that I am voluntarily participating in this event/class and agree to assume any such risks.

I hereby release, discharge and agree not to sue the City of Goleta for any injury, death or damage to or loss of personal property arising out of, or in connection with, my participation in the event/class from whatever cause, including the active or passive negligence of ______ or any other participants in the event/class. The parties to this AGREEMENT understand that this document is not intended to release any party from any act or omission of "gross negligence," as that term is used in applicable case law and/or statutory provision.

In consideration for being permitted to participate in the event/class, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless City of Goleta from any and all claims, demands actions or suits arising out of or in connection with my participation in the event/class.

I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.

Date

Signature/ Parent or Guardian (If under age 18)

DECLARATION

I, ______, declare under penalty of perjury under the laws of the State of California that I am the parent or legal guardian of Minor. I further declare that I shall indemnify and hold harmless the City of Goleta from and against any and all Claims resulting from, incident to, or arising out of Minor's participation in the event/class, any and all risks assumed by Minor and me above, and/or the breach of any promises, covenants, and/or representations made by me herein and/or in the above Release.

By: _____ Signature of Parent/Legal Guardian

Name: _____ Printed Name of Parent/Legal Guardian