

Call for Summer Volunteers



“Color Our World”



The 2025 Pequannock Library Summer Reading Program

Volunteers must be incoming Grades 6 -12.

Please fill out the entire form and return it to the library by June 6.

Volunteer duration: June 30 – August 1

Name: _____ Grade (Incoming): _____

Total Hours Per Week You Want to Volunteer For: _____

AVAILABILITY (Please Check Off Days/Times You Are Available):

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9:00-10:00						
10:00-11:00						
11:00-12:00						
12:00-1:00						
1:00-2:00						
2:00-3:00						
3:00-4:00						
4:00-5:00						
5:00-6:00						
6:00-7:00						

_____ **Summer Kickoff Party: Sat., June 21 from 10:30am-1:00pm**

_____ **Final Celebration: Sat., August 9 from 10:30am-1:00pm**

Have a summer vacation planned? Please note dates here:

****Please make sure to bring a book or something to do in case the library is slow/quiet.****

**PEQUANNOCK TWP. PUBLIC LIBRARY
ADULT/CHILD VOLUNTEER APPLICATION**

Thank you for your interest in volunteering at Pequannock Twp. Public Library. We have a limited amount of work that can be done by volunteers, and we are very grateful to those volunteers who help us improve the level of service we can offer our patrons.

Name: _____

Address: _____

Phone: _____

Email: _____

Emergency contact: _____

Availability (Please circle all that apply):

Time: Morning ~~Afternoon~~ Evening

Days:

Monday ~~Tuesday~~ ~~Wednesday~~ Thursday Friday Saturday

I would like to volunteer:

Regularly each week for _____ hours Seasonally Summer

I can help with the following (please check your interests):

~~_____ Visiting Senior Centers with Books~~

~~_____ Building & Grounds~~

~~_____ Shelving books - This refers to the process of organizing books by their call number and placing them in their correct location on the library shelf~~

~~_____ Shelf reading - This is the process of reading the call number on books that are currently on the library shelves and ensuring that they are in the proper order~~

~~_____ Dusting shelves~~

Please list any special skills and qualifications you have, which may be useful as a Library Volunteer: _____

By my signature below, I agree to not make any claim or demand or to institute, press or in any way aid any claim demand action or causes of action or legal proceeding of whatever nature against the Pequannock Township Public Library, Pequannock Township Library Board of Trustees, or the Township of Pequannock, for, on account of, or in any way growing out of any and all injury I may suffer while rendering volunteer services to the Library, that are not caused by or the result of the negligence of the Library staff, other volunteers Township employees or elected or appointed officials. By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements or misrepresentations made by me on this application may result in my immediate dismissal.

Signature: _____

Name (printed): _____

Date: _____

IF YOU ARE UNDER 18 YEARS OF AGE, PLEASE COMPLETE THE FOLLOWING:

School: _____

Grade: _____

Parent/Guardian Name (Please Print): _____

Address: _____

Phone#: _____

I give permission for my child _____
to serve as a volunteer for the Pequannock Public Library.

Parent/Guardian's signature: _____

Date: _____

Equal Opportunity Policy Notice:

It is the policy of the Library to provide equal opportunities without regard to race, color, religion, creed, national origin, ancestry, sex, gender identity, sexual orientation, age, disability, veteran's status, or any other protected group status.