

Greece Public Library

2 Vince Tofany Boulevard

Greece, NY 14612

585-225-8951

www.greecepubliclibrary.org

Greece Town Supervisor.....William D. Reilich

Library DirectorCassie Guthrie

Library Board PresidentKyle Steinebach

Programs are sponsored by the Friends of the Greece Public Library unless otherwise indicated and may be photographed for promotional purposes. Please let us know if you have any concerns.

Library Hours

Greece Public Library (2 Vince Tofany)

Monday through Thursday 9 am—9 pm

Friday and Saturday 9 am—5 pm

Sunday (October through April) Noon—4 pm



Greece
Public Library

2022 Summer Reading

Volunteer Application

Monday, June 27 - Saturday, August 6

Interested applicants will...

- Be between the ages of 13-19
- Read and accept the volunteer job expectations
- Complete the application and submit in person
- Deadline to submit application is **June 10**

Mandatory Training Sessions: Mark the Date You Will Attend

Wed. June 15th 4:30-5:30 pm

OR

Thurs. June 16th 6:00-7:00 pm

Volunteering involves helping at the many children's programs offered during the summer.

Questions?

Miss Karen

Training Instructor/

Coordinator

585-723-2472

Karen.Deisinger@libraryweb.org

Miss Laura

Training Instructor

585-723-2468

Laura.Sidoti@libraryweb.org



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Greece Town Supervisor
William D. Reilich

2022

Volunteer Application

Summer Reading 2022

Volunteer Job Expectations:

- Sign up to help at programs online at Signup.com
- Enjoy working with children and families
- Possess basic computer skills
- Possess a friendly, helpful attitude
- Be prompt and dependable
- Be responsible and adaptable
- Be able to take direction from library staff
- Be willing to do other library tasks as needed

And most importantly...

- **Be able to independently interact with the public**

If you would be interested in being a teen tech tutor or serving on the Teen Advisory Board, let us know! These are year-round opportunities. Teen Advisory Board accepts new applications in August.

_____ Teen Advisory Board _____ Teen Tech Tutor

Name: _____ Age: _____

Address: _____ Zip _____

Phone #: _____

Email: **(this must be an email account that is checked daily)**

PRINT CLEARLY

Emergency Contact Information:

Name: _____

Phone #: _____

Have you previously volunteered for the summer reading program?

_____ If yes, how many years? _____

Why would you like to volunteer?

I have read and understand the job expectations to be a SRP volunteer.

(volunteer signature)

I have read the job expectations for my child and give him/her permission to volunteer.

(parent signature)