



# VOLUNTEER AT THE LIBRARY!

**JOIN  
JUNIOR VOLUNTEERS!**

**MEETINGS EVERY THURSDAY  
3:30PM IN THE RUBY ROOM**

**STARTING SEPTEMBER 4TH**

**Put on community service events that YOU plan!**

**Help prepare and decorate for special events!**

**Package seeds for the seed library!**

**Sign up for a book cleaning shift!**

**Volunteers must be in 6th–12th grade and have  
submitted a Junior Volunteer application.**



[coronadolibrary.org](http://coronadolibrary.org)

640 Orange Ave.

619-522-7390



Name: \_\_\_\_\_

## Volunteer Opportunities 2025-2026

**Junior Volunteer Meetings\*** Thursdays at 3:30pm (Meetings begin September 4<sup>th</sup>)

Junior Volunteers meet weekly to plan and prepare for community service projects of their own choosing. Have an idea or want to help? Come to one of the meetings!

*If the meetings don't work with your schedule, you can schedule a book cleaning shift or write a book review. These volunteer opportunities, listed below, are options you can do independently. Have a different idea for volunteering\*\*? Talk to Ms. Tara or Ms. Natalie and we can discuss.*

**Book Cleaning**

Help keep our Library tidy by cleaning books. Sign up for a book cleaning shift and work independently to clean a cart of books. Each book needs to be wiped down front and back and dried off before it's ready to go back on the shelf. Book cleaning shifts can be flexible but cannot exceed one hour per week and must be completed individually. Email Ms. Tara to schedule your initial training and weekly shift. If you cannot make it to your shift, please notify Ms. Tara by email or phone. If you miss three shifts without notifying us, you will be removed from the schedule.

**Book Reviews for Browsing**

Earn 2 hours of volunteer credit by writing a book review. To be clear, you are NOT getting volunteer hours for reading, you are getting volunteer hours for writing a book review that can be shared with others! Book reviews must be about a book in the teen section of the Coronado Public Library. Nonfiction and graphic novel reviews welcome! Book reviews must comply with the Book Review Guidelines to get credit for volunteer service. Pick up the Book Review Guidelines in the teen library or email Ms. Tara for a digital version. You can complete a maximum of three book reviews per month for a total of six hours. These book reviews will be printed and kept in the Browsing Binder in the teen library for people to browse when they want a suggestion of what to read.

Ms. Tara: [tdavies@coronado.ca.us](mailto:tdavies@coronado.ca.us) 619-522-2488

Ms. Natalie: [nstringer@coronado.ca.us](mailto:nstringer@coronado.ca.us) 619-522-2481

*\*Junior Volunteer meetings are on a drop-in basis. This means you do not have to sign up to attend, you can come when it works for you, and you do not need to notify the Library when you can't make it.*

**\*\*Many junior volunteers are interested in doing storytimes for children, however labor laws prevent volunteers from performing tasks assigned to paid staff. This would include storytimes and shelf reading for example, so unfortunately this is not an option.**

## Junior Volunteer Application 2025-2026

The Coronado Public Library is looking for qualified volunteers to assist with library programs and services. Volunteers should want to work with the community, have good organization and communication skills, and be excited to promote library services to our community.

### Requirements to be a Junior Volunteer:

- Be entering 6<sup>th</sup> grade through 12<sup>th</sup> grade.
- Have an email address where we can contact you (it can be a parent's).
- Have a valid U.S. phone number so that we can contact your parents in an emergency.

Name: \_\_\_\_\_ Birthdate (MM/DD/YY): \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_ Volunteer Cell Phone: \_\_\_\_\_  
If Applicable

Email Address: \_\_\_\_\_  
Please indicate Parent/Volunteer or both

Why would you like to volunteer for the library? \_\_\_\_\_  
\_\_\_\_\_

### Volunteer Agreement

Please write your initials on the line next to each statement indicating that you have read and agreed to our policies.

I, \_\_\_\_\_ (full name),

\_\_\_\_\_ Will be punctual for all shifts, and I will give notice to the library as soon as possible if a problem arises which would prevent me from performing my duties.

\_\_\_\_\_ Will show respect towards my leaders, peers, and the children with whom I work.

\_\_\_\_\_ Will complete tasks assigned to me to the best of my ability, obeying all library rules and staff instructions.

\_\_\_\_\_ Will make efficient use of my time by seeking out ways in which I may help others after completion of my own responsibilities.

\_\_\_\_\_ Will be enthusiastic about volunteering; and will dress appropriately and maintain a neat appearance.

Teen Signature \_\_\_\_\_ Date \_\_\_\_\_

How would you like your name to appear on your nametag? \_\_\_\_\_



**CITY OF CORONADO  
CORONADO PUBLIC LIBRARY JUNIOR VOLUNTEER FORM  
PARTICIPANT INFORMATION FORM**

**Personal Information**

|                               |
|-------------------------------|
| Child's Name _____            |
| Age _____ Date of Birth _____ |
| Parent/Guardian Name _____    |
| Cell Phone: _____             |
| Parent/Guardian Name _____    |
| Cell Phone: _____             |
| E-mail Address _____          |

**Emergency/Medical Information**

|  |
|--|
| Please list an emergency contact in the event that neither parent can be reached.<br>Emergency Contact: _____<br>Relationship: _____<br>Cell Phone: _____<br>Does your child have any allergies or special needs that we need to be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____<br>_____<br>_____<br>Does your child take medications? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____<br>_____<br>_____ |
|--|

**AUTHORIZATION OF TREATMENT OF A MINOR AND HOLD HARMLESS**

This form signed by you authorizes emergency medical treatment for a minor child in case of necessity. Should it be necessary for you to be away from home it can authorize the City of Coronado to act for you. (I)(We) the undersigned, parent(s) or legal guardian of the above child, a minor, do hereby authorize THE CITY OF CORONADO and/or any California Hospital as agents for the undersigned to consent, in advance of any specific diagnosis, to any x-ray examination, anesthetic medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any California Hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California and shall remain effective until revoked in writing by parent/guardian. I will not hold the City of Coronado responsible for any damage arising from any injury that might be received while participating in activities of the City of Coronado Public Library Department.

**Signature**

Signature of Participating Adult, Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Printed Name**

Name of Participating Adult, Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**NAME AND LIKENESS RELEASE**

In further consideration of participation in the City of Coronado Public Library Programs, I agree that the City of Coronado and its officers, agents, or employees may use my appearance, name, and likeness in connection with my participation in any City of Coronado publication, including news release, without my prior consent. I further agree that I am not entitled to any compensation for such use of my appearance, name, and likeness.

**Signature**

Signature of Participating Adult, Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_