

**Manchester Branch  
S.A.I.L. 2017  
REGISTRATION**



S.A.I.L. will last for 8 weeks from Monday, June 19th to Friday, August 11th. **No S.A.I.L. Tuesday, July 4th.**

Volunteers will meet once a week for 2 hours. [For example: if you choose Monday 2-4pm you come every Monday from 2-4pm]. Please try to attend the day/time you select for the entire 8 week session.

To register, complete and return this application to the Manchester Library by **Monday, June 19th, 2017**. You will be notified of the session to which you have been accepted.

The program is open to all teen residents of Ocean County who are 12 years to 18 years old.

Summer Reading Kick Off will be held Friday, June 23rd at 4:30 PM.

**S.A.I.L. end of Summer party will be held Monday, August 14th.**

**GENERAL SESSION**  
Crafts, projects, and assistance around the library as needed.

Mondays 2:00 pm - 4:00 pm  
 Tuesdays 2:00 pm - 4:00 pm  
 Wednesdays 2:00 pm - 4:00 pm

**READING BUDDIES**  
Partner up with a child who is learning to read and give them one-on-one support.

Mondays 6:00 pm - 8:00 pm  
 Wednesdays 10:00 pm - 12:00 pm  
 Thursdays 2:00 pm - 4:00 pm

**CRAFT SESSIONS**  
Prepare crafts for programs and help children put the crafts together.

Tuesdays 10:00 am - 12:00 pm  
 Thursdays 6:00 pm - 8:00 pm

Please check which Orientation date you would like to attend.

Monday, June 19th 2:00 pm  
 Wednesday, June 21st 2:00 pm  
 Thursday, June 22nd 6:00 pm

Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Grade in September \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_  
 Parent Cell #: \_\_\_\_\_ Texts? \_\_\_\_\_  
 Teen Cell #: \_\_\_\_\_ Texts? \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Allergy Information: \_\_\_\_\_  
 In case of emergency, notify  
 Name: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_  
 T-Shirt Size (circle one)  
 S M L XL XXL  
 What session do you want to participate in?  
 First Choice: \_\_\_\_\_  
 Second Choice: \_\_\_\_\_  
 I would like to do more than one SAIL session  
 Days I know I have to miss \_\_\_\_\_  
 I give my permission for my son/daughter to participate in S.A.I.L. or any other future volunteer opportunities at the Ocean County Library.  
 I hereby grant my permission to the Ocean County Library to use images of my child for purposes of publicizing the Library's programs. I understand my child's name and town of residence may be used to identify them.  
 Parent Signature  
 \_\_\_\_\_

Don't forget to sign up  
for our  
Summer Reading Program.



Earn extra SAIL hours and be  
entered to win prizes!

Please return this  
form to the Teen  
Librarian as soon as  
possible.

Space is limited and  
SAIL sessions are  
filled on a first come,  
first served  
basis.



If you have any questions, or  
need more information please  
contact Karyn, the Teen  
Librarian at  
732-657-7600 ext. 4100.



**S.A.I.L.**

*Ocean  
County Library's  
Summer Teen  
Volunteer Program  
Manchester Branch  
2017*

