

**Island Heights Branch  
SAIL Registration  
2018**



To register, complete and return this application to the Island Heights Branch. This program is open to all teen residents of Ocean County entering eighth through twelve grade.

Please circle all the times you are available to volunteer.

**Session 1**

Friday

June 29, July 6th, July 13th, & July 20th

2-2:45 pm, 3-3:45 pm, 4-4:45 pm

**Session 2**

Monday

July 23rd, July 30th, August 6th, & August 13th

6 - 6:45 pm, 7 -7:45 pm, 8 - 8:45 pm

How many total hours **per week** do you wish to volunteer? \_\_\_\_\_

Would you like to be a reading buddy for a child?

Yes

No

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_

Town/Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Parent Cell #: \_\_\_\_\_ Texts? \_\_\_\_\_

Teen Cell #: \_\_\_\_\_ Texts? \_\_\_\_\_

Email Address: \_\_\_\_\_

Grade in September 8 9 10 11 12

School in September \_\_\_\_\_

Allergy Information \_\_\_\_\_

In case of emergency, notify

Name \_\_\_\_\_

Relation: \_\_\_\_\_

Telephone \_\_\_\_\_

**Please circle a size if you need a S.A.I.L. shirt. Returning volunteers are encouraged to use shirts from prior years.**

T-Shirt Size (circle one)

S M L XL XXL XXXL

YES, I give my permission for my son/ daughter to participate in S.A.I.L. and 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.

\_\_\_\_\_  
Parent/Guardian's Signature

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

Please list any dates you will be unavailable due to vacation:

\_\_\_\_\_

The S.A.I.L. and Reading Buddies Training Program is **Monday June 18th at 5:30 pm.**

Will you be able to attend?  
Yes No

The S.A.I.L. program at the Island Heights Branch will run as two sessions. The first session is four weeks on Friday afternoons, the second session is four weeks on Monday evenings.

The program is open to all teen residents of Ocean County who have completed the 7th grade.

The application deadline is **Friday June 8th.**

S.A.I.L. acceptance calls will go out the week of June 11th.

Questions?  
Call 732-270-6266 x3725  
Email [cmaloney@theoceancountylibrary.org](mailto:cmaloney@theoceancountylibrary.org)  
Ocean County Library  
Island Heights Branch  
121 Central Ave  
Island Heights, NJ 08732  
[www.theoceancountylibrary.org](http://www.theoceancountylibrary.org)

Date _____	Time _____	Received _____
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# S.A.I.L.

Come S.A.I.L. with Us!

[www.theoceancountylibrary.org](http://www.theoceancountylibrary.org)

## S.A.I.L.

(Service & Achievement in the Library)

A summer volunteer program open to Ocean County Teens entering 8th through 12th grade.

Volunteering to participate in S.A.I.L. provides an opportunity for teens to **Learn** about the library, how it works & the Library Profession. **Have fun** by helping out & meeting new people. **Serve** your community.

### HERE ARE SOME EXAMPLES OF S.A.I.L. ACTIVITIES

- Help with children's programs and the Summer Reading Club.
- Assist staff in all library departments.
- Be Creative!
- And more. . . . !!!!



*Ocean  
County Library's  
Summer Teen  
Volunteer Program  
Island Heights Branch  
2018*