



5k Race to Benefit the C.H. Booth Library

Turkey Trot Volunteer Application

C.H. Booth Library | 25 Main Street | Newtown, CT 06470

Please fill out this application and submit it to the library via email at ya@chboothlibrary.org or in person at the Circulation or Young Adult department service desks.

Today's Date: _____

Last Name: _____ First Name: _____

Address: _____

Phone Number: _____ Cell Number: _____

Email Address: _____

Emergency Contact: _____

Emergency Contact's Phone Number: _____

What is their relationship to you? _____

Your Age (if under 18): _____

Parent / Guardian Name: _____

Parent / Guardian's Phone Number: _____

If you are a student, which school and grade: _____

Days I am available to volunteer (circle all that apply):

Nov 23rd Nov 24th Nov 25

I am available during the (circle all that apply):

Mornings Afternoons Evenings after 5 pm

I'd like to volunteer because (check all that apply):

- I need high school / church hours
- College resume building
- I need community service hours
- Personal interest
- Other: _____

Have you volunteered for the Turkey Trot in the past? If so, which position did you fill?

What volunteer opportunities most interest you (check all that apply):

- Anything
- Award Helper
- National Anthem Singer
- Photographer
- Race Day Helper
- Race Marshall
- T-shirt Pick Up
- Water Bottle Helper
- Other (please specify) _____

If your application is accepted, the library needs to be able to rely on you to show up on the days and times for which you sign up, abide by the volunteer guidelines provided to you,

remain for the entirety of your volunteer shift, and inform the staff of any problems that occur during your shift. The library can't guarantee hours and reserves the right to dismiss volunteers who do not abide by the guidelines.

Applicant's Signature: _____

Parent / Guardian Portion

As a parent or guardian of a young volunteer (under the age of 18) at the Turkey Trot, I:

- Give my child permission to volunteer at the Turkey Trot
- Understand that my child must abide by the volunteer guidelines
- Realize that before my child arrives and after my child leaves, the library and Turkey Trot bear no responsibility for my child
- Understand that the library will make reasonable attempts to accommodate volunteers with special needs. Two weeks is the recommended time frame for a reasonable accommodation.

Parent / Guardian Signature: _____

Please do not fill out. For library use only.

Date Received: _____

Date Contacted: _____

Schedule: _____

First Day: _____

Last Day: _____

Total Hours: _____