

Application for Teen Library Volunteers

Name _____

Address _____

Phone _____

E-mail _____

Guardian _____

Phone _____

E-mail _____

Day/Time available to volunteer: M=Morning, A=Afternoon, E=Evening

Monday M Tuesday M A Wednesday M A

Thursday M A E Friday M A E Saturday M A

Sunday A Special Events

I can volunteer _____ Hours per week

Volunteer work I am interested in doing:

Computer Work

Shelf reading/Shelving

Tech Tutoring

Social Media

Book Reviews

Teen advisory

Children's Programming

Book Sales/FSL

By signing the form, teens affirm that:

- They will follow all policies, rules and procedures of the library system
- Not to consume, use, possess or be under the influence of drugs or alcohol
- Represent the Library in a professional manner

In addition,

- Dress in a clean, presentable manner
- Arrange volunteer hours in advance with the Teen Coordinator
- Arrive promptly or call in advance to reschedule

Please sign if you understand and agree to the program:

Teen _____

Guardian _____

Date _____