Dear Applicant,

Thank you for your interest in volunteering at the Farmington Libraries!

Teens volunteer at the library during the summer and during the school year. Some volunteers work for a short period of time to complete required community service or to help with a special project, and some volunteers work a regular schedule, coming in once or twice a week for an extended time. Volunteers help with the day to day business of the library (shelving books and movies, helping with the summer reading club, straightening shelves, preparing flyers and mailings) as well as contributing their special skills on an as-needed basis.

We will review your application and get in touch with you as soon as possible. Unfortunately, we cannot always accommodate volunteers: sometimes the library’s needs do not match up with a particular volunteer’s skill set or hours requirement (needing a large number of hours in a short time, for instance), and, at other times, we find ourselves unable to provide adequate supervision due to our limited staffing.

Teen volunteers play an important role at the library; we are excited to work with you! Please fill out the following application and emergency contact form and return it to the Information Desk on the second floor or hand it directly to me.

Sincerely,

Laura A. Horn, M.S.
Director, Information and Teen Services
Teen Volunteer Application (ages 14-17)

Please print carefully.                      Date __________________________

Name __________________________________________

Address (Street, City, State, Zip) __________________________________________

_________________________________________ Phone (___) ________________

E-mail address __________________________________________

Grade _______ School __________________________________________

Are you completing required community service? Please circle: No       Yes

If yes, how many hours? _____________ By what date? ________ / ________ / ________

Please describe the source of your requirement (courts, scouting, religious organization, etc.,):

_________________________________________________________________________________________

Your skills, knowledge and experience you think may be useful to the library:

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

We take volunteers at the lending desk (filing DVDs, answering the phone, other duties as assigned), in the adult department (shelving, shifting books, other duties as assigned), in the teen department, and in the children’s department. Please check all departments in which you’d be willing to volunteer:

Children’s _____ Adult______ Teen______ Lending Services_______ Barney Branch ______

Your Availability – Please list specific one to three hour time slots or indicate morning, afternoon, or evening. If you are unavailable certain days of the week please leave those days blank.

Mon _______ Tues _______ Wed _______ Thurs ____________ Fri _________ Sat _________

Please list the dates of any planned vacations. __________________________________________

_____ I am willing to volunteer on a regular schedule throughout the year.

_____ I am only available to volunteer during _____________ (ie: summer, school year, etc)

Please provide two personal references (adults not in your family; teachers, counselors and coaches are fine):

_____________________________________________________________________________________

Name                          Phone number        Relationship to you

_____________________________________________________________________________________

Name                          Phone number        Relationship to you

_____________________________________________________________________________________

Signature                      Date

Volunteer application 5.14 LAH
Expectations for Teen Volunteers

Please read and sign

- You will follow the schedule assigned by the library. You must give at least 24 hours notice if you cannot be at the library during your scheduled shift. If you are unable to be at the library during your assigned shift due to an emergency, or if you are running late, you will contact your assigned department and will let them know what is going on.
- If you miss a total of three shifts without notifying the appropriate department you will be dismissed from your duties as a volunteer.
- You must receive permission from your supervisor if you would like to volunteer for additional hours.
- You will sign in upon your arrival at the library, and you will sign out when leaving.
- You will dress in a professional manner.
- You will behave courteously to library staff and patrons, and will refrain from talking on your cell phone or socializing with your friends while volunteering.

I have read the expectations of teen volunteers, and understand that, as a volunteer, my behavior reflects upon the library.

Your signature here: ___________________________________________________________________

Name of Volunteer ________________________________________________________________
(please print)

Emergency Contact Information

1. Name of person to contact in case of emergency Relationship to volunteer

________________________________________________________________________________

Emergency Contact Phone Numbers (day, evening, cell)

________________________________________________________________________________

2. Name of person to contact in case of emergency Relationship to volunteer

________________________________________________________________________________

Emergency Contact Phone Numbers (day, evening, cell)

Parent/Guardian Permission
Volunteers under the age of 18 must have the written consent of parent or legal guardian in order to volunteer at the Farmington Library.

________________________________________________________________________________

Signature of Parent or Legal Guardian

_____________________________________________________________________________________
Print Name of Parent/Legal Guardian Here