

Teen Volunteer Application (ages 14-17)

Date _____

Please print carefully.

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:

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
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Signature

Date

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 the service desk (children's desk, information desk, lending desk) in 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 using 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