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 stint, to complete required community service or to help with a special project, and some volunteers work a regular schedule, coming in once a week for an extended time. Volunteers help with the day to day business of the library (neatening shelves, labeling books, assisting with programs, etc.) as well as contribute their special skills on an as-needed basis.

We will review your application and get in touch with you as soon as possible. Summer volunteers will be contacted in late May, shortly before the end of the school year. 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. If we are unable to accommodate you at the current time, we will keep your application on file for one year, at which point you would need to reapply to remain in consideration.

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,

Anna Boisvert
Teen Services Assistant
Farmington Libraries

Date Received:
Date Contacted:
Project Assigned:

Volunteer application 04.19 AB
Teen Volunteer Application (ages 14-17)

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:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

We take volunteers at the lending desk (filing DVDs, other duties as assigned), in the adult department (labeling, 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_____

Your Availability Please Circle Your top two choices for days to volunteer: M  T  W  Th  F  S

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):

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Signature ___________________________ Date ________________

Volunteer application 04.19 AB
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 ____________________________

Volunteer application 04.19 AB