

Teen Volunteer Application

(Ages 11-15)

Birthdate	Age	Grade _						
		Gen	eral Inform	nation				
Last Name		First Name				MI		
Address								
Home Phone		Cell Em			mail	nail		
Emergency Contact	į	Phone						
		Volunteer	Experienc	e and Skill	S			
What skills or experiences do you have that would be beneficial as a library volunteer?								
Why would you like to volunteer at the Town Hall Library?								
			Schedule					
Please check the ti	mes you wou	ld be availabl	e to volunteer	<u> </u>			_	
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
Morning								
Afternoon								
Evening								
How many hours a	-	ole to work e	ach week?		Each	month?		
Volunteer Opportunities								
Please check areas of interest (Note: Opportunities are subject to availability and library need)								
Program ass	s istance Assist v	with activities nre						

References
Please provide contact information for someone who will recommend that you will be a good volunteer.
Your reference must be over 18 years old and not a member of your family.

Phone

Relationship

Name

References

In signing this form, I acknowledge that my services for the library are free and are intended as a contribution of public service for the library, its patron, and the community. I agree to abide by all the rules of conduct governing the staff of the library in performing my services. As a volunteer, I hereby acknowledge that I will perform my services in good faith and to the best of my ability under the general guidelines provided.

I confirm that <u>I am under 16 years old</u> and understand my eligibility as a volunteer is contingent upon the availability of work. I will commit to volunteering for a minimum of six months and will notify the volunteer coordinator should I decide to stop volunteering after the initial period. If I cannot work an assigned shift, I will notify the volunteer coordinator as soon as possible.

The Town Hall Library appreciates your willingness to volunteer your services to assist the library, its patrons and the community. Personal information collected for these purposes will only be used internally at the library and will only be disclosed to you, except if the law requires disclosure to a third party. Files are kept on year from the date of inactivity.

Signature of Applicant	Date
Signature of Parent/Guardian	Date

Please return this application to the Youth Service Desk at the Town Hall Library. Questions may be directed to Hunter Swanson, Young Adult Librarian, at (262) 966-2933 or hswanson@townhall.lib.wi.us