Teen Volunteer Application

Dear Applicant,

Thank you for your interest in volunteering at Oakland Public Library!

Teens volunteer at the library during the school year and summer. Volunteers help with the day to day business of the library 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. 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 circulation or hand it directly to me.

Sincerely,

Lulu Suprice

Volunteer Coordinator
Teen Volunteer Application (ages 13-20)

Please print carefully.

Date __________________________

Name ______________________________________________

Address (Street, City, State, Zip) ________________________________

_______________________________________

Phone (____) ________________

E-mail address _________________________________________

Grade ______ School _______________________________________

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

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 in the teen department, and in the children’s department.

Please check which department you’d be willing to volunteer: Children’s_____ Teen______

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

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) 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 behave courteously to library staff and patrons, and will refrain from talking on your cell phone, Text 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 Oakland Public Library.

__________________________________________________________

Signature of Parent or Legal Guardian

__________________________________________________________

Print Name of Parent/Legal Guardian Here

Any questions? Feel free to contact me