

Alfred H. Baumann Free Public Library
Teen Volunteer Application - Please return to Sara Rappa

Personal Information:

Name: _____

Email Address _____

Telephone: (Home) _____ (Cell) _____

Address: _____ City: _____

State: _____ Zip Code: _____

Please list any allergies: _____

In case of an emergency notify

(Name): _____

Telephone: _____

Relationship: _____

You must be at least 14 to volunteer. Volunteers under 18 must have a parent/guardian complete the consent section of this application. Age if under 18 _____

Volunteer Interests:

Why do you want to volunteer?

For each day indicate time you might be available to complete a **two or three hour shift**:

Mon: ___ to ___ Tue: ___ to ___ Wed: ___ to ___

Thu: ___ to ___ Fri: ___ to ___ Sat: ___ to ___

I would be interested in assisting with (check volunteer assignments listed below):

___ Children's Programming

___ Shelving and maintenance of library materials

___ Teen activities

___ Teen Tech Team

___ Help with large events

___ Greeter

___ Blog writer and reviewer (books, movies, music, and video games)

___ Teen Advisory Board (helping select books, dvd's, music, video games for collection.)

___ Other _____

Occupation and/or Education:

Circle Highest grade completed: 9 10 11 12 Other: _____

Current and/or former work experience:

Employer: _____

Are you a student? : _____

Which school do you attend? : _____

Are you volunteering to fulfill a requirement? _____

Skills:

Computer: _____ PC _____ Apple _____ MS Word _____ MS Excel

_____ MS PowerPoint _____ MS Publisher _____ Prezi

Other: _____

Social Media: _____ Facebook _____ Twitter _____ Instagram _____ SnapChat TikTok _____

Other: _____

What languages other than English do you speak or write? _____

What special interests and/or skills do you have that may help us to match you with the best volunteer assignment?

Reference Information:

Please provide a **teacher** reference

Name (first and last): _____

Email: _____

Signature: _____

Date: _____

School: _____

Subject: _____

Parent/ Guardian Consent (for volunteers under age 18)

I give permission for the above applicant to volunteer at the Alfred Baumann Free Public Library for a maximum of _____ hours per week (three hours minimum). If you need to reach me, my phone number is

Day _____ Evening _____ Cell _____

Parent/Guardian
Signature _____ Date _____

For Librarian Use Only

Interview Date: _____ Accepted: _____

Start Date: _____ Assignment: _____

Comments: _____