Alfred H. Baumann Free Public Library
Junior Library Ambassador Application - Please return to Sara Rappa

Personal Information:

Ambassador Name:_____

Email Address:_____

Telephone: (Home):_____ (Cell):_____

Address:_____City:_____

State:_____ Zip Code:_____

In case of an emergency notify:
Name:_____
Telephone:_____Relationship:_____
Please list allergies:_____

All Junior Ambassadors must have a parent/guardian complete the consent section of this application.

Junior Ambassador Interests:
Why do you want to be a Junior Ambassador? (If you need more space, continue on back of application.)_____
_____

Choose up to two days. Shifts are one hour long **(**on special occasions up to two hour shifts may be completed): Shifts will not be later than 5:00 pm, except Friday, no later than 4:30 pm.

Mon:____ Tue:____ Wed:____ Thu:____ Fri ____

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

____ Program preparation help (cutting, gluing, drawing, etc. for programs)

____Shelving and maintenance (Easy Readers and Board Books, straightening magazines, puzzles, etc.)

____ Decoration and displays

____ Junior Advisory Board (helping selects books, dvd's, music, video games for our Juvenile collection.)

____ Reviewer

____ Greeter

____Other

_____

Education:
Grade (current): _____
Which school do you attend?:_____

Skills:
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:_____

Applicant Signature_____**Date**_____

Parent/ Guardian Consent (for volunteers under age 18)

I give permission for the above applicant to volunteer at the Alfred H. Baumann Free Public
Library for a maximum of **two hours per day.** If you need to reach me, my phone number is:

Day_____Evening_____Cell_____

Transportation (please initial):

I give permission for the above applicant to walk/bike home after volunteering_____

I will organize a ride for the above applicant to and from the library_____

Parent/Guardian Name (Print first and last):
_____

Parent/Guardian
Signature_____Date_____

For Library Use Only
Interview Date:_____ Accepted:_____

Start Date:_____ Assignment:_____

Comments:_____