

## Teen Volunteer Application

### Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone/Cell Phone	/
E-Mail Address	
Birth Date (MM/DD/YY)	

### Availability

Check all that you are available for:

- |                                     |                                     |  |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Mondays    | <input type="checkbox"/> Mornings   | <input type="checkbox"/> On call as needed |
| <input type="checkbox"/> Tuesdays   | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Ongoing projects  |
| <input type="checkbox"/> Wednesdays | <input type="checkbox"/> Evenings   |  |
| <input type="checkbox"/> Thursdays  |                                     |  |
| <input type="checkbox"/> Fridays    |                                     |  |
| <input type="checkbox"/> Saturdays  |                                     |  |
| <input type="checkbox"/> Sundays    |                                     |  |

Please list any planned vacation dates: \_\_\_\_\_

### Community Service

Do you have Community Service hours assigned?

<input type="checkbox"/> School	<input type="checkbox"/> Other?	Number of Hours Needed:
Name _____	Name _____	By Date: _____

### Interests

Tell us in which areas you are interested in volunteering.

<input type="checkbox"/> Children's Room (second floor)	Primarily shelving along with other program preparation, special projects and room maintenance
<input type="checkbox"/> Circulation Desk (first floor)	Primarily shelving and room maintenance
<input type="checkbox"/> Reference	Special projects (technology skills)
<input type="checkbox"/> Technical Services	Pulling hold requests and preparing for delivery (technology skills)
<input type="checkbox"/> Adult Programs	Assist with set up and clean-up of events (moving tables, chairs, etc.)

### Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

See Reverse Side

## Previous Volunteer Experience

Summarize your previous volunteer experience.

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## Person to Notify in Case of Emergency

Name		Home Phone	
Street Address		Work Phone	
City ST ZIP Code		E-Mail Address	

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I authorize investigation of all matters contained in the application. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

## Agreement and Signature of Parent/Guardian

I give permission to my child to have a volunteer position with the Haverford Township Free Library Association. I, do hereby indemnify and hold harmless the Haverford Township Free Library Association, its employees, volunteers, or agents from any liability for accidents, injuries or illness that may occur to my child from his or her participation in the Library Volunteer Program.

The Haverford Township Free Library Association has my permission to use my child's photograph or videotaped image in publicity about the Library and its activities. \_\_\_Yes \_\_\_No

Name (printed)	
Signature	
Date	

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.