

TEEN VOLUNTEER APPLICATION
SOLANO COUNTY LIBRARY

Name _____ Branch _____
Address _____ Date _____
Home Phone _____ City _____
E-mail _____ Message # _____
Age _____

EMERGENCY CONTACT

Name _____ Relationship _____
Address _____ City _____
Home Phone _____ Work/Message Phone _____

EDUCATION

School Currently Attending _____
Year _____ Full Time _____ Part Time _____
Teacher Reference _____ Teacher's Phone No. _____
School or Community Activities _____

Special Skills _____

EMPLOYMENT CATEGORY

List any current/past jobs you have held:

1. Worked for: _____ Dates _____
Job Responsibilities _____
2. Worked for: _____ Dates _____
Job Responsibilities _____

VOLUNTEER CATEGORY

List any current/past volunteer assignments you have held:

1. Volunteered for: _____ Dates _____
Job Description _____
2. Volunteered for: _____ Dates _____
Job Description _____

Teen Volunteer Areas of Interest Form

Name: _____

Date: _____

Which school or home school are you attending? _____

Which grade are you in? _____

What interests you about volunteering at the Library? _____

Reasons for volunteering (check all that apply):

School credit/assignment _____

Personal enrichment _____

Learn new skills _____

Preparation for future employment _____

If you could do any task in the library, what would it be? _____

What are your favorite subjects in school? _____

What are your hobbies? _____

Many skills are involved in performing library tasks. Please mark your favorite activities or areas of expertise by circling the choices below:

Computers

Word processing:

I am skilled at this and enjoy it.

I have some experience.

Doesn't interest me at all.

Internet:

I am skilled at this and enjoy it

.I have some experience.

Doesn't interest me at all.

Reading to an audience:

I am skilled at this and enjoy it.

I have some experience.

Doesn't interest me at all.

Would you be interested in being a member of a teen advisory panel to help the librarians create new programs and activities for teens? **YES** **NO** **MAYBE**

Thanks for your interest!

ABOUT YOU

What are your interests or hobbies? _____

Why do you want to volunteer at the Library? _____

What volunteer job would you like? _____

YOUR AVAILABILITY

Hours available for volunteer work _____

Preferred days _____ Preferred hours _____

Length of commitment you agree to make 3 months? _____ Other? _____

Do you have community service hours assigned by school or other organization? _____

If yes, how many hours? _____ By what date? _____

I hereby certify that all statements made in this application are true and I authorize investigation of all matters contained in the application. I acknowledge that any false statements or misrepresentations on this application will be cause for refusal of placement or immediate dismissal at any time during the period of my placement.

Signature _____ Date _____

Applicant

Signature _____

Parent/guardian if volunteer is a minor under 18 years of age

Interviewed by _____ Date _____

Teen Volunteer Coordinator's Comments: _____

**SOLANO COUNTY LIBRARY
TEEN VOLUNTEER PROGRAM**

PARENTAL PERMISSION FORM

I, _____, hereby acknowledge and give permission
(Print Name of Parent/Legal Guardian)

For my son/daughter, _____ to participate in the Teen Volunteer Program
(Print Name of Youth Volunteer)

At the _____ Library.
(Print Branch Name)

(Signature of Parent/Legal Guardian)

(Date)

PLEASE RETURN THIS FORM, ALONG WITH THE VOLUNTEER APPLICATION
TO YOUR LOCAL LIBRARY

SCL 298

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