TEEN VOLUNTEER APPLICATION
(Applicants must be in 7th – 12th grade)

Last Name: ______________________________  First Name: ______________________________  Middle Initial: ________

Street Address: ___________________________________________________________________________________________________________________________________________

City/State/Zip: __________________________ Phone: ___________________________

Email: _____________________________________________ Preferred Pronouns: __________________________

Date of Birth: __________ Age: _____ School: __________________________ Grade: ______

Hobbies/Talents/Skills: __________________________________________________________________________________________________________________________________

Previous Volunteer/Work Experience: __________________________________________________________________________________________________________________________________

If you are applying because of REQUIRED SERVICE HOURS, how many hours must you complete ________?  What date must the hours be completed by? ________

Why do you want to volunteer at JPL? ________________________________________________________________

What volunteer positions interest you? (Check all that apply.)

☐ **Children’s Room Aide:** Learn how to shelve items in the Children's room and organize/maintain the collection. Other duties include occasional dusting, preparing crafts, and other tasks as needed.

☐ **Programming Assistant:** Assist with Children’s Events at the library. Evening availability required.

☐ **Social Media Content Creator:** Write book lists, reviews, and other creative content for our social media pages.

☐ **Special Project:** Share your unique skills with us or work on a dedicated library project; must be discussed and approved by Ms. Colleen, Youth Service Librarian.

☐ **Story Time Assistant:** Assist with weekly Story Times for babies-preschoolers. Applicants must be available on Monday and Wednesday mornings.

☐ **Teen Advisory Group:** Members meet once a month to discuss ways to improve Young Adult Services at the Library.
Please indicate your availability

☐ Monday Times: ________________________________

☐ Tuesday Times: ________________________________

☐ Wednesday Times: ________________________________

☐ Thursday Times: ________________________________

☐ Friday Times: ________________________________

Emergency Contact Information

Name: ____________________________ Relationship: ____________________________

Phone: ____________________________ Email: ____________________________

Jamestown Philomenian Library does not discriminate based upon race, religion, color, national origin, gender (including pregnancy, childbirth, or related medical conditions), sexual orientation, gender identity, gender expression, age, status as a protected veteran, status as an individual with a disability, or other applicable legally protected characteristics. Submitting an application does not guarantee placement as a library volunteer; incomplete applications will not be considered. The library reserves the right to evaluate, refuse, and or terminate those volunteers who performance is unsatisfactory.

I certify that the above statements are true and correct to the best of my knowledge and not every applicant will be chosen for a volunteer position at the library.

Applicant's Signature: ____________________________ Date: ____________________________

Parent/Guardian Signature: ____________________________ Date: ____________________________

Please return completed application to the Library or email the completed form to jamlibyouth@gmail.com