



Teen Volunteer Application Form

FOR LIBRARY USE ONLY: Date Received: _____ Staff Initials: _____ Date Contacted: _____

Volunteers must currently attend grades 6-12.

Applications will be reviewed for completeness and legibility. Teens must complete their own applications to be considered. Please return completed applications to the Youth Services Desk.

Volunteer Information:

Last Name: _____ First Name: _____
 Age: _____ School: _____ Grade: _____
 Address: _____ City _____ Zip: _____
 Email: _____ Day Phone: _____
 Evening Phone: _____ Cell Phone: _____

Emergency Contact:

Last Name: _____ First Name: _____ Relationship: _____
 Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Do you use Messenger Library regularly? ____ Yes ____ No
If so, how?

- ____ Search for materials using the online catalog
- ____ Search databases
- ____ Browse the fiction collection
- ____ Attend programs
- ____ Other: _____

Do you have a Messenger Library card? ____ Yes ____ No

What is your library card number? _____

Have you volunteered at Messenger Public Library before? Yes _____ No _____

Do you need to volunteer for a specific amount of hours to fulfill a requirement? Yes No

If yes, how many hours do you need? _____

Are you willing to continue working after you fulfill your requirement to complete your three month term as a volunteer at Messenger? Yes No

Days and times available to volunteer: Check all that apply, keeping in mind that we will schedule you for two hours per week.

4:00-5:00 5:00-6:00 6:00-7:00 7:00-8:00 Other one hour slots (Please list times)

MONDAY	_____	_____	_____	_____	_____
TUESDAY	_____	_____	_____	_____	_____
WEDNESDAY	_____	_____	_____	_____	_____
THURSDAY	_____	_____	_____	_____	_____
FRIDAY (3:45-4:45)	_____				

10:00-11:00 11:00-12:00 1:00-2:00 2:00-3:00 3:00-4:00

SATURDAY	_____	_____	_____	_____	_____
SUNDAY				_____	_____

If you have any special scheduling problems or needs, please tell us here: _____

How did you hear about the Teen Volunteer program? _____

Do you have any volunteer experience, skills or interests that would make you a good volunteer?

Please sign and date this application before returning it to the Youth Services Desk.

Teen Volunteers: *I understand that the Messenger Public Library of North Aurora is depending upon me to arrive on time for my volunteer shift. I will notify Youth Services of any emergency absence before my shift begins.*

Signature: _____ **Date:** _____

Parent or guardian: *I will support my son or daughter in fulfilling the responsibilities of being a volunteer. I will help my child to be dependable and prompt. My child will notify the library of any emergency absence before their shift begins.*

Parent Signature: _____ **Date:** _____