

FOR LIBRARY USE ONLY:

Date Received: _____

Staff: _____

Teen Volunteer Application Summer Reading 2017

**Teens, before you turn this in,
did you:**

- ___ Complete the whole application?
- ___ Select an orientation date/time?
- ___ Complete the availability calendar?
- ___ Have your parent/guardian sign it?

Volunteers must be entering grades 7-12 in fall 2017. Summer Reading 2017 volunteer shifts run from June 4-July 31. Applications will be reviewed for completeness and legibility. Teens **must** complete their own application in order to be considered. **Return completed applications to the Youth Services Desk by Monday, May 1. No late applications will be accepted.**

Volunteer Information:

Last Name: _____ First Name: _____

Age: _____ School (in fall): _____ Grade (in fall): _____

Address: _____ City _____ Zip: _____

Email: _____ Home Phone: _____

Cell Phone: _____ Parent/Guardian Phone: _____

Library Card # _____

Have you volunteered for the Messenger Public Library Summer Reading Program before? Yes _____ No _____

Emergency Contact:

Last Name: _____ First Name: _____ Relationship: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

If I am selected as a volunteer, I will attend the mandatory volunteer training on (please circle one):

Thursday, June 1: 7 p.m.

Friday, June 2: 10 a.m. 1 p.m. 2:30 p.m.

Saturday, June 3: 2 p.m. 3:30 p.m.

Training is mandatory for all volunteers. Volunteers who do not attend training will not receive a shift assignment. If you **absolutely cannot** make an orientation, please contact us at teens@messengerpl.org or 630-801-4340.

If your schedule changes before the Summer Reading Program begins, please notify us immediately.

Please complete the questions on the back. Don't forget to sign your application!

How did you hear about the Teen Volunteer program?

Why are you interested in volunteering at the library?

Can we contact you about school year volunteer opportunities? YES NO

What would you prefer?

____ Anything/I can help with whatever is needed

____ I prefer to help at programs

____ I prefer to help decorate/maintain spaces

____ I prefer help with crafts

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

Teen Volunteers: You must sign the agreement below to be accepted as a volunteer.

I understand Messenger Public Library of North Aurora is depending upon me to arrive on time for my Summer Reading Desk shift and I will be present on the dates to which I have agreed. I will notify Youth Services of any emergency absences before my shift begins.

Signature: _____ **Date:** _____

Please ask your parent or guardian to read and sign the statement below:

I will support my teen in fulfilling the responsibilities of being a volunteer. I will help my child to be dependable and prompt. My child or I will notify the library in the event of an emergency absence.

Parent Signature: _____ **Date:** _____

The Messenger Public Library reserves the right to make volunteer appointments based upon the Youth Services Department’s evaluation of applications, scheduling concerns, the needs of the Library, and an appropriate mix of volunteers. Applicants will be notified by email (or by phone if no email address is listed on application) by Thursday, May 4 whether or not they have been selected as a volunteer. Please contact the volunteer coordinator at (630) 801-4340 or teens@messengerpl.org with any questions.

**Please return this application to the Youth Services Desk.
We look forward to seeing you at the Library this summer!**