



Teen Volunteer Application

The Three Rivers Public Library offers a variety of volunteer opportunities for teens in 9th – 12th grades. Opportunities range from one-time special events to once a month community service projects to regular shifts.

Teens must apply to be a part of the program. Please fill out the application below to be considered for volunteering at the library.

We do not currently offer volunteer opportunities to individuals seeking court-ordered community service.

Before filling out the Teen Volunteer Application, please read over the Volunteer Policy.

Teen Volunteer Information

Name: _____

Preferred to be called (Nickname): _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Grade: _____ School: _____

Have you ever been convicted of an offense, other than minor traffic violations? Yes No
Convictions are not an automatic bar to volunteer placement but are reviewed in relation to the duties you might perform. This information will be used only for volunteer-related purposes and only to the extent permitted by law. We do not currently offer volunteer opportunities to individuals seeking court-ordered community service. If Yes, Please provide details and include charge, date, location, court, and disposition of case.

Emergency Contact Information

Name

Relationship

Phone

Name

Relationship

Phone

Volunteer Interests & Skills:

Please select all that you are interested in:

- Special Events (as needed) Family Fun Nights Summer Reading Program
 Teen Tech Helpers Teen Advisory Board Book Clubs Children's Programs
 Other: _____

*Please note that we do not always need volunteers for certain programs, including summer reading and the occasional family fun night. But whenever we do need someone, we will contact you if you've marked an interest!

Why do you want to volunteer at the Three Rivers Public Library?

What special interests and/or skills do you have that may help us match you with the best volunteer assignment?

Do you know any languages other than English? Yes No

If you do know other languages, what languages do you know and are you fluent?

Efforts will be made to reasonably accommodate volunteers with disabilities.

Please specify what accommodation(s) you are requesting:

How did you hear about the teen volunteer programs at the Three Rivers Public Library?

- Friend/Family member Library staff member Library website Library Facebook page
 School counselor /teacher/coach Other: _____

Consent Forms

Please print and sign the Consent Forms included with this application. You and your parent/guardian must sign the consent forms and return them with this application. You can either mail them or drop them off at any service desk. Once you turn them in, a staff member will contact you to schedule a training session.

SIGN & RETURN TO THE THREE RIVERS LIBRARY

Drop off in person at the front desk, to me, or email it to bschoon@threeriverslibrary.org.

Three Rivers Public Library Teen Volunteer Contract

I will read the TRPL Volunteer Handbook and attend a training session hosted by the library. I will share the information with a parent/guardian. I will abide by all of the rules and regulations set out in the volunteer handbook and by the library.

I will come to all of the shifts that I have signed up for. If for some reason I cannot make it to one of the shifts that I signed up for, I will contact one of my fellow volunteers to see if they can cover my shift. If no one can cover my shift, I will contact the Three Rivers Public Library, at least 24 hours in advance, or as soon as possible. I understand that if I frequently cancel volunteer shifts, the rest of my scheduled shifts may be cancelled and no credit may be awarded for shifts worked. If I have any questions or concerns I will contact, Bobbi Schoon, or another staff member of the TRPL, immediately.

Volunteer Signature

Date

Print Full Legal Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Race: _____ Sex: _____ Date of Birth (MM/DD/YYYY): _____

Print Email Address: _____

PARENTS/GUARDIANS – PLEASE SIGN THE FOLLOWING PAGE

I give permission for the below named applicant to volunteer at the Three Rivers Public Library. I fully understand the nature of the activities described above and the risk of injury or loss of property associated with the activity. By signing, I release the Three Rivers Public Library and its employees from any claims made by the child or on behalf of the child should injury or loss of property occur as a result of his/her participation.

I certify that all answers that my child provided to questions on this application are true and complete. I understand that falsification of this application may result in disqualification of my child from volunteer activities. I authorize Three Rivers Public Library to make any inquiries about and receive any information about my child's suitability for volunteer work, including conducting a criminal background check. I give permission to persons contacted to provide such information. I forever waive, release, and covenant not to sue any person or organization for any result providing, obtaining, or acting upon such information. I understand that such information is sought with confidentiality, and I will not request copies of such information. A copy of this authorization shall be as effective as the original. I further understand that there is no compensation for volunteer services, nor will subsidies be paid for transportation, meals, etc. nor will volunteer service lead to employment with the Three Rivers Public Library.

Parent/Guardian Signature

Date

Print Name of Parent/Guardian: _____

Name of Teen Volunteer: _____

Emergency Phone Number: _____ Name: _____

2nd Emergency Number: _____ Name: _____