

# **VolunTEEN Application for Library Support**

This volunteer opportunity is **for students in grades 9 through 12** to satisfy community service-hour requirements. Volunteer duties for this program will largely include tasks that help to keep the library clean and orderly but can also include program assistance on an as-needed basis.

#### Applicant Information: Please print clearly

Please provide the following information regarding	
Email address:	This is the method by which you will be
Grade: Phone number: (home)	(cell)
Address:	
Name:	Date:
	Today's

i lease provide die following information	regarding the purpose of your volunteer nours.
High	Class/Organization
School:	requesting hours:

#### **Reference:**

Please list one person that the Library can contact who can provide a positive reference for you (examples: teacher, neighbor, clergy member). This person must NOT be related to you, must be at least 18 years of age, and must have given you permission to share their name, email address, and phone #:

Reference Name	Email address	Phone number
Total # of hours desired at the	e Library (between 4 and 10):	
Desired start date:	Date by which hours ne	eed to be completed:

Volunteer hours are scheduled in *2-hour* increments during the following times and cannot exceed 10 hours per school year. Please check off <u>each</u> day and time you are available to volunteer; the Page Supervisor will email applicants with a proposed schedule as time slots are available.

Days:	Times:	
<u>Mondays</u>	3:00pm – 5:00pm	4:00pm – 6:00pm
<u>Tuesdays</u>	3:00pm – 5:00pm	4:00pm – 6:00pm

Additional volunteer time slots *may* be available for various Library events. These opportunities will be offered to applicants as events are scheduled.



### If you are under the age of 18, a parent/guardian must complete the following:

I am aware that	, a minor child, is requesting to volunteer at			
(volunteer name)				
the Library. I further understand that as the arranging for transportation for my child.	parent/guardian, I am responsible for			
Parent/Guardian name (please print):				
Parent/Guardian signature:	Date:			

Parent/Guardian best phone number: \_\_\_\_\_\_

## All applicants must agree to (and check) the following:

I understand and agree that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or ending my volunteer activity.

Submission of this application does not guarantee volunteer hours; volunteer opportunities are limited.

I understand that information regarding this application will be emailed to me and I am responsible for checking (and responding to) my email.

All volunteers must read and sign the Library's Prevention of Abuse and Molestation Policy prior to volunteering at the first scheduled session.

Applications expire after 90 days.

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Date: \_\_\_\_\_

Please return the signed application to the Circulation (check-out) desk. Thank you for your interest in the Clifton Park-Halfmoon Public Library!