

Salem Public Library
212 N. Main St.
Salem, IN. 47167
812-883-5600

Teen Volunteer Application

Dear Applicant,

Thank you for your interest in volunteering at the Salem Public Library!

Teen volunteers are a vital part of our summer programming. Volunteers help with all types of programming, with the day to day business of the library, as well as contributing your own special skills on an as-needed basis.

We will review your application and get in touch with you as soon as possible. Unfortunately, we cannot always accommodate volunteers. Sometimes the library's needs do not match up with a particular volunteer's schedule or requirement needs. All applicants will be notified before the May 18 volunteer training date. All volunteers must be able to attend the May 18 training session in order to be considered for the volunteer program.

Teen volunteers play an important role at the library during the busy summer schedule and we are excited to work with you! Please fill out the following application, get the required teacher recommendations, and contact information sheets completed and returned to the library by May 8th.

Sincerely,

Donna F Hurst

Children's Dept. Director

Salem Public Library

Salem, IN.



Salem Public Library
Teen volunteer Application
Ages 13–17

There are three parts to this application. The Teen Volunteer Information section to be filled out by the teen. A Parent/Guardian and emergency contact information section to be filled out by the parent or guardian. The last section is the confidential recommendation section which is to be filled out and returned to the library by a teacher of the teen applying for a volunteer position.

Teen Volunteer Information

Name: _____ Date: _____

Address: _____ City: _____ St. _____ Zip: _____

Telephone (Home): _____ Cell: _____

Email address: _____

School: _____ Year/Grade: _____

Have you been a Teen Volunteer before: **Y / N**

For which educational organization do you need volunteer participation: _____

Parent/Guardian Name: _____

Parent/Guardian address: _____

Parent/Guardian Email address: _____

Why do you want to volunteer at the library? Be specific: _____

Why do you think the library is important to the community? _____

Teen Volunteer Availability

We will be doing our volunteer hours in 3 hour increments. You may not volunteer more than 3 hours per week.

What days and hours are you available to volunteer? (place an X in the appropriate boxes)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Mornings 10—1						
Afternoons 1 –4						

You will be expected to volunteer at the same times each week unless we are otherwise informed.

Teen Volunteer continued:

I, _____ understand that by applying to this program it does not guarantee acceptance into the teen volunteer program.

While I am volunteering at the Salem Public Library, I will be representing the library and at all times should dress, behave and conduct myself in a manner acceptable to the institution for which I am representing.

Volunteer Signature

Date

Parent/Guardian Information

Volunteers under the age of 18 must have the written consent of a parent or legal guardian to participate in the Teen volunteer program of the Salem Public Library.

I agree that the Salem Public Library has permission to use my child's photograph or videotaped image in publicity about the Library activities.

I _____ hereby give written permission for my child,
_____ to participate in the Salem Public Library Teen Volunteer program

As a parent, I agree to encourage my teen to strive for good work habits and behavior. I agree _____ to make sure my teen arrives on time and is picked up at the end of his/her work shift and _____ to emphasize the importance of my teens volunteer responsibilities.

(Please print) _____ *Parent name*

Date

Date _____ *Parent signature*

Emergency contact Information

1. _____ Name of
person to contact in case of emergency Relationship

Emergency contact phone numbers (home, work, cell)

2. _____ Name of
person to contact in case of emergency Relationship

Emergency contact phone numbers (home, work, cell)

Confidential Recommendation form

Dear Teacher,

Each student who applies for teen volunteer work at the Salem Public Library must have a recommendation form from a teacher or mentor. We would appreciate your evaluation and comments to help us choose candidates who will best benefit from our program while serving the library and it's patrons.

This information must be kept confidential. Please return this completed form to me at the Salem Public Library by mail, email or fax. You may also include any pertinent information you feel would be useful. Thank you for your assistance.

Donna Hurst
Children's Dept. Director
Library
IN. 47167

Fax Number: 812-883-1609
email: dhurst@salemplib.lib.in.us
website: www.salemplib.lib.in.us
Phone: 812-883-5600

Children's Dept. Director
Salem Public Library
212 N. Main St. Salem,

Confidential Recommendation for Teen Volunteer

Student's name: _____ School: _____

Please place an X in the appropriate box:

Skills	Excellent	Good	Average	Below Average	Poor
Attendance					
Scholastic Record					
Dependability					
Courtesy					
Willingness to Help					
Initiative					

Comments: _____

Teacher/Counselor Name (Please Print): _____