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.
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 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)

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<tr>
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<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
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<tbody>
<tr>
<td>Mornings 10—1</td>
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<tr>
<td>Afternoons 1—4</td>
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*You will be expected to volunteer at the same times each week unless we are otherwise informed.*
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 teen’s volunteer responsibilities.

_________________________________________________________________________________
(Please print) Parent name

_________________________________________________________________________________
Date

_________________________________________________________________________________
(Please print) Parent signature

Date

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)

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
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 its 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  
Fax Number: 812-883-1609  
Children’s Dept. Director  
email: dhurst@salemlib.lib.in.us  
Library  
website: www.salemlib.lib.in.us  
IN. 47167  
Phone: 812-883-5600  
Salem Public  
Children’s Dept. Director  
Library  
IN. 47167  
Phone: 812-883-5600  
Salem Public  
Website: www.salemlib.lib.in.us  
Phone: 812-883-5600  

Confidential Recommendation for Teen Volunteer

Student’s name: ____________________________________ School: _________________________

Please place an X in the appropriate box:

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<tr>
<th>Skills</th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Below Average</th>
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<tr>
<td>Attendance</td>
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<tr>
<td>Scholastic Record</td>
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<td>Dependability</td>
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<td>Courtesy</td>
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<td>Willingness to Help</td>
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<td>Initiative</td>
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Comments: ____________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Teacher/Counselor Name (Please Print): _________________________________________________