



JOHNSON CITY
PUBLIC LIBRARY

Teen Volunteer Application

Date:

Name:

Address:

Phone:

Email Address:

Birthdate:

School:

Grade:

1. Which teen volunteer opportunities are you interested in? (Circle all that apply):

Youth Services

Adult Services/Reference

Technical Services

Circulation

Teen Advisory Board (TAB)

Stories to Service

2. Are you required to fulfill a specific number of volunteer hours? Yes No

If yes, how many:

By when:

Required by:

3. How did you hear about our volunteer program?

4. Please list your other volunteer experience (if any), most recent dates and places first:

5. Please tell us why you are interested in volunteering at the library.

6. Please list two (2) adult references (**other than relatives**):

Name: _____ Phone: _____

Name: _____ Phone: _____

We fill volunteer positions as they become available. Our Teen Volunteers in Youth Services, Adult Services, and Technical Services commit to a regular shift. This may be once a week or every other week but must be at the same time each week.

We will hold volunteer applications for one calendar year and fill vacated positions from our selection by order in which they were received and availability. **Please note what times of each day you would be available to volunteer:**

Monday	Morning	Afternoon	Evening
Tuesday	Morning	Afternoon	Evening
Wednesday	Morning	Afternoon	Evening
Thursday	Morning	Afternoon	Evening
Friday	Morning	Afternoon	Evening
Saturday	Morning	Afternoon	Evening
Sunday	Morning	Afternoon	Evening

Parent/Guardian Information

If you are under 18, please ask your parent/guardian to fill out this page for our records.

Emergency Contact Information: (For your child's protection, please give us a first contact and a backup contact, in case there is trouble reaching the pertinent party.)

1. Name:

Phone Number:

Relationship:

2. Name:

Phone Number:

Relationship:

Parental Consent:

I consent to allow my child, _____, to participate in the Johnson City Public Library Volunteer Program. I understand that JCPL cannot provide transportation to or from the library and is not responsible for constant supervision of my child.

Signature:

Date:

Thank you for applying for JCPL's teen volunteer program! Once you have finished this application, please return it to the library. Once your application has been reviewed, we will contact you to set up a volunteer meeting.

Questions? Please call:

423-434-4349