



Volunteer Application

To participate in the Teen Summer Volunteer Program you must be age 13–18. A parent/guardian needs to complete the consent section on the reserve side of this application. Turn your application in at the Library you want to volunteer. Applications for the Reader’s Theatre should be turned in at the Main Library.

Space is limited. Everyone who applies may not get a position.

PERSONAL INFORMATION

Last name	First name	Middle initial
Phone number 1	Phone number 2	Today's date
Current street address	City, state, ZIP code	Received date (official use)
Email address	Age	
School (next fall)	Grade (next fall)	

VOLUNTEER INTERESTS

What are some of your hobbies and interests?

Why do you want to be a Teen Volunteer?

Have you been a Teen Volunteer for the library before? <input type="checkbox"/> yes, list when: <input type="checkbox"/> no	I am interested in: <input type="checkbox"/> Collection Development <input type="checkbox"/> Art <input type="checkbox"/> Programs <input type="checkbox"/> Readers’ Theatre <input type="checkbox"/> Summer Reading Program <input type="checkbox"/> Clerical
Do you need to work a minimum number of hours this summer? <input type="checkbox"/> yes, list how many: <input type="checkbox"/> no	I am interested in work at the following locations: <input type="checkbox"/> Main Library <input type="checkbox"/> Madison Square Branch <input type="checkbox"/> Ottawa Hills Branch <input type="checkbox"/> Seymour Branch <input type="checkbox"/> Van Belkum Branch <input type="checkbox"/> West Leonard Branch <input type="checkbox"/> West Side Branch <input type="checkbox"/> Yankee Clipper Branch

Best days of the week and times for you to volunteer:

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time							

Please list dates or times you will unavailable to work due to vacation, camps, summer school, etc:

PARENT/GUARDIAN CONTACT INFORMATION

Name	Home phone number
Relationship to you	Work phone number
Address	Cell phone number

EMERGENCY CONTACT INFORMATION (DIFFERENT FROM ABOVE)

Name	Home phone number
Relationship to you	Work phone number
Address	Cell phone number

PLEASE READ THE FOLLOWING AND SIGN BELOW

I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release the Grand Rapids Public Library from any liability for supplying such information.

I understand that the Grand Rapids Public Library reserves the right to screen volunteers, to accept or reject any applications, and to place applicants in specific locations and positions based on the needs of the Library. I also understand that I may be subject to a background check.

I understand that I will not be paid for my services as a volunteer and I am giving my time freely to the Library.

I understand that my volunteer service may end at any time for any reason with or without cause and with or without notice.

RULES FOR TEEN VOLUNTEER CONDUCT

The Grand Rapids Public Libraries appreciates your help...Teen Volunteers make the Library's summer program much richer.

1. Be sure your parents know when you are to work. If you are scheduled to work, you are expected to be here, on time. If you can't work or must be late, call the Library you volunteer at and inform a librarian as soon as possible. Do not put the library in the position of having to tell a parent who calls for you that you did not show up.
2. If you must come early or stay late due to transportation, please understand that the Library might not have anything for you to do. You are welcome to read or use the computer.
3. You are not to leave the Library without staff permission. If you don't know what to do, ask.
4. You may use the library telephone for emergencies or for quick calls home for a ride, etc. But please ask permission first; it is a business phone.
5. Please treat the library staff with courtesy and respect, and cooperate with them at all times.
6. These rules are necessary to help the library run smoothly, and many have been written by previous volunteers. Please remember that you "are" the library when you are working here, and patrons get their impressions of the library from you.

Volunteers who cannot adhere to these rules will be terminated. Thank you for your cooperation and willingness to help!

Signature: _____ Date: _____

PARENT/GUARDIAN CONSENT (FOR VOLUNTEERS UNDER AGE 18)

I give my permission for the above applicant to volunteer at the Grand Rapids Public Library for a maximum of ____ hours per week.

Parent/Guardian Signature: _____ Date: _____