

TEEN VOLUNTEER APPLICATION



Coventry Public Library

Educate, Entertain, Enrich

Volunteers will receive consideration without discrimination because of race, gender, age, handicap, or national origin. Submitting an application does not guarantee placement as a library volunteer. Incomplete applications will not be considered. The library reserves the right to evaluate, refuse, and or terminate those volunteers whose performance is not satisfactory. References and Background Criminal Checks at the expense of the volunteer may be required. It is not the policy of the library to accept volunteers who need community service hours for probation or other adjudicated purposes. Opportunities are limited. We do give preference to teens that need volunteer work for school, honor societies, scouts, and other similar organizations.

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Street Address: _____ **City/State/ZIP:** _____

Phone Number: _____ **Email Address:** _____

Date of Birth: _____ **Age:** _____ **Grade (Must be 7th Grade and up):** _____

School Name: _____ **Preferred Pronouns:** _____

How many volunteer hours are you seeking? _____

When do you need the hours completed by? _____

Why do you want to volunteer at the library? _____

Check all the volunteering opportunities you would be interested in:

- Assisting with Story Time
- Assisting with Programs for the Youth Services Department
- Assisting with Programs for the Young Adult Department
- Creating Booklists/Reviews for the Young Adult Department
- Teen Advisory Group (once a month meeting for Teens to discuss ideas on improving the library)
- Cleaning toys/Children's Area
- Odd Jobs/Other

Have you volunteered at the Coventry Public Library before? Yes No

How did you hear about volunteering? _____

Please indicate what days and times you would be able to volunteer:

Monday Times: _____

Tuesday Times: _____

Wednesday Times: _____

Thursday Times: _____

Friday Times: _____

Saturday Times: _____

If you have any physical handicaps (i.e. visual, hearing, etc.) that we can accommodate during your time as a volunteer, please feel free to share here:

Emergency Contact Information

Name: _____

Phone: _____

Relationship: _____

Name: _____

Phone: _____

Relationship: _____

I certify that I have answered and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by the Coventry Public Library and that misrepresentation or omissions may be cause for my immediate rejection as an applicant or termination as a volunteer.

Your Signature: _____ Date: _____

Parent/Guardian Signature: _____

*** PLEASE DROP FORM OFF AT THE LIBRARY TO THE TEEN LIBRARIAN KYLIE OR EMAIL THE COMPLETED FORM TO: kwoodmansee@coventrylibrary.org ***