



TEEN VOLUNTEER APPLICATION

FITZGERALD-BEN HILL COUNTY LIBRARY

Deadline: May 18, 2018

**The VolunTeen Orientation is scheduled for Wednesday, May 23rd from 4 p.m.-5:00 p.m. This orientation is MANDATORY.*

Name _____

Age _____ Birthday _____ ***Must be 12 years of age by June 1, 2018 to volunteer.**

School & Grade for Upcoming School-Year _____

Address _____

Telephone _____ Email _____

Emergency Contact _____

Relationship _____ Telephone _____

Health Concerns/Allergies _____

Are you taking vacation this summer or going to camp? Please list the dates that you know of when you will not be available for volunteering:

When are you available to work? Please check off any or all of the shifts below that you would be available* to work:

**please note that these are not necessarily the shifts you will be working, I just need to know when you are available so that I can create a schedule.*

--Weekly Shifts:

Monday: 1:00 p.m. – 3:30 p.m. _____
3:30 p.m. – 6:00 p.m. _____

Thursday: 1:00 p.m. – 3:30 p.m. _____
3:30 p.m. – 6:00 p.m. _____

Tuesday: 9:30 a.m. – 12:00 p.m. _____
1:00 p.m. – 3:30 p.m. _____
3:30 p.m. – 6:00 p.m. _____

Friday: 1:00 p.m. – 3:30 p.m. _____
3:30 p.m. – 6:00 p.m. _____

Wednesday: 1:00 p.m. – 3:30 p.m. _____
3:30 p.m. – 6:00 p.m. _____

CONTINUED ON BACK 

*****PERSONAL NARRATIVE*****

I would like to volunteer at the library because...

*****RECOMMENDATION*****

Please have a teacher or another adult, who is not a family member, complete the following recommendation:

Name _____

Address _____

Telephone _____ Email _____

How do you know the applicant? _____

I would recommend this teen as a library volunteer because...

Teen Signature - *I understand and agree to abide by the VolunTeen Guidelines.*

Signature of Teen: _____ Date: ___ / ___ /2018

Parent/Legal Guardian Signature - *I am aware of, and support, the commitment my child is making by volunteering at the library. I understand, and have been given a copy of the VolunTeen Guidelines. I give my permission for him/her to participate in the program.*

Signature of Parent/Guardian: _____ Date: ___ / ___ /2018