



## Rosemary Garfoot Public Library

### Summer Reading Program

# Teen Volunteer Application Form

The Teen Volunteer Program is for students grades 6 to12 (ages 12 to 18). Teen Volunteers are essential to the success of our summer program. If you are interested and can commit to two, two-hour shifts (four hours total) or more per week of volunteer service during open library hours, from June 12 and July 29, please read the attached contract and complete the application form by the deadline.

#### **SKILLS: Teen Volunteers are...**

1. Reliable, honest, mature, and respectful of children, their parents, and library staff.
2. Eager to share their joy of books, reading, and the library with children.
3. Creative, enthusiastic, and able to problem solve.

#### **RESPONSIBILITIES: Teen Volunteers will...**

1. Become familiar with how the reading program works and ask questions as often as needed.
2. Assist with summer program enrollment for all ages and help distribute prizes.
3. **READ!** Set a good example for others by reading when you are at the volunteer desk.
4. Mentor a younger reading buddy (optional).

#### **REQUIREMENTS: Teen Volunteers must...**

1. Arrive on time for all scheduled volunteer shifts and meetings.
2. Inform Catherine and/or the volunteer coordinator about schedule changes and find a substitute volunteer to cover your shift.
3. Call the library immediately if an emergency prevents you from working your shift.
4. Dress neatly, use appropriate language, speak quietly, behave responsibly at all times while volunteering, and converse with friends after volunteer hours.
5. Do not attempt to contact library children outside of the library setting; do not offer to walk or drive library children anywhere.
6. Report any concerns or problems to a library staff member immediately.

#### **Return application to...**

Catherine Baer  
Youth Services Coordinator  
2107 Julius Street  
Cross Plains, WI 535287  
[cabaer@rgpl.org](mailto:cabaer@rgpl.org)  
(608) 798-3881

# Teen Volunteer Application

Please complete ALL blanks. We will contact you to set up an interview.

Questions? Please contact Catherine at (608) 798-3881.

**Application Deadline: Friday, May 26, 5:00 p.m. (please submit in April if possible)**

NAME \_\_\_\_\_

AGE \_\_\_\_\_ T-SHIRT SIZE \_\_\_\_\_

CURRENT SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PARENT NAME \_\_\_\_\_

PARENT PHONE NUMBER \_\_\_\_\_

## Availability

*All teen volunteers will work at least 2 shifts each week from June 12 to July 29.*

### Which days are you available?

Monday     Tuesday     Wednesday     Thursday     Friday     Saturday

### What times are you available?

9:30-11:30     11:30-1:30     1:30-3:30     Saturday 10-12 and/or 12-2

**I cannot work:** (examples for vacation plans, school, camp, lessons, etc.)

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## **I would like to be a teen volunteer because...**

*(Tell me about other volunteer experience you have had, your recreational interests, and your special skills. Have you participated in library summer reading programs in the past? How will you benefit from working as a volunteer at the library?)* Please attach another page if necessary.

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## **Teen Volunteer Agreement**

I have read the above application form completely.

I agree to work responsibly and conscientiously at my volunteer duties.

I will volunteer at least 4 hours each week from June 13 to July 30.

I will behave appropriately in the library

I will call other volunteers to find a substitute if I cannot work on my scheduled date/time.

**Teen Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Parent/Guardian Permission**

*Your child's name, phone, and email will be included on a substitute list so teen volunteers can make arrangements for someone to cover their scheduled time if they take off due to vacations and emergencies. I use group email to send announcements. Teen volunteers are responsible for knowing their schedule.*

\_\_\_\_ I have completely read the application form with my child.

\_\_\_\_ I agree to help my child be responsible for the time he or she is scheduled to volunteer.

\_\_\_\_ *(optional)* I consent to the use of photographs or videos of my child taken during volunteering by any representative of the Rosemary Garfoot Public Library or any TV or newspaper reporter, to be used in exhibits, or any media this year and in the future (newsletter, library website, promotional posters, brochures, etc...).

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_