

**Teen Volunteer Application**

**Schiller Park Public Library**

Teen volunteering is available for teens ages 14-18. Shifts are typically project-based will be anywhere from 1 hour to 8 hours depending on the type of project. SPPL is looking for teens with a positive attitude, flexibility, and a desire to support library activities and services. If eligible, you may be contacted by the Adult & Teen Services Librarian. Please fill the application out clearly and legibly.

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Current Grade:      9     10     11     12

Age: \_\_\_\_\_

How did you hear about SPPL Teen Volunteering?:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever worked or volunteered for SPPL in the past? Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Why are you applying for community service hours: (Check One)

Required for school?  School name: \_\_\_\_\_

Church:

Other:  Please explain: \_\_\_\_\_

Number of hours needed: \_\_\_\_\_ Deadline for completed hours: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Month   Day   Year

I certify that all information provided on this application is true and complete to the best of my understanding.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Teen Volunteering Expectations Agreement

As a teen volunteer at the Schiller Park Public Library, I agree to the following:

1. I will keep track of my upcoming shifts.
2. I will arrive on time and sign-in with my designated immediate supervisor. If I am unable to do this, I will contact my immediate supervisor or call the library, giving 24-hours' notice when possible.
3. I understand that two absences without prior notification will result in termination.
4. I will abide by the library Code of Conduct.
5. I will limit my phone use to only when appropriate and for when I'm not actively engaged in volunteer activities.

I understand what is expected of me and promise to adhere to these rules and guidelines while volunteering for the library.

Volunteer Signature: \_\_\_\_\_ Date \_\_\_\_\_

## Parental Consent and Agreement

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

I give permission for my child to be a teen volunteer for Schiller Park Public Library. I understand that, if selected for a volunteer position, they will be provided with orientation and training necessary for the safe and responsible performance of their duties, and they will be expected to meet all the requirements of the position, including regular attendance and adherence to Schiller Park Public Library policies and procedures. I understand that my child will not receive monetary compensation for the services contributed. I will support them by respecting their volunteer commitment and providing transportation if needed.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_