

VolunTeens

Thank you for your interest in our VolunTeen program. The work of our volunteers is valuable to us as well as to the community. BPL VolunTeens help keep the Youth Services Department neat and organized, prepare program materials, aid in supervising children's programs, and assist with other needed tasks. As a volunteer, you will be subject to the guidelines listed below. Please review these responsibilities and guidelines and make sure that you are willing to comply with them all.

The VolunTeen program is open to students in grades 7 - 12. VolunTeens commit to helping the library once a week from the time they are accepted into the program until mid-May. Volunteer hours are scheduled around student availability. VolunTeens are given time off around winter and spring holidays.

Registration is taken throughout the school year. Forms will be accepted until the program is full. Training will take place on an individually scheduled basis with the VolunTeen Coordinator.

Advantages of the VolunTeen Program

If you do your job properly, you are gaining valuable job experience. You have the opportunity to demonstrate good attendance, dependability, creativity and interpersonal skills while you work with us.

You are eligible to receive letters of recommendation for job references, Honor Society, as well as school and community awards.

You may fulfill service hours for school, honor society and organizations.

Your work serves people of all ages and is a valuable contribution to the community. It is rewarding and FUN!

Responsibilities

- Keep to your schedule and please be on time.
- If you are volunteering for a program, please arrive 15 minutes early for instructions.
- Check in at the Youth Services desk when you come to work and wear your badge.
- Check the VolunTeen binder and project drawers for your duties.
- Please dress neatly.
- When your time is complete please record the time you leave on your timesheet.
- You may not bring friends, siblings, or children you are babysitting with you during your shift.
- Respect all rules regarding behavior. Please remember YOU represent the library.



2014 School Year VolunTEEN Application

Name:	Age:
Address:	City:
Phone Number:	Email:
School:	Grade:
What is the best method for contacting you?	
Parent's Name(s):	
Why do you want to be a VolunTEEN?	
How many volunteer hours are you looking for?	•
Have you ever volunteered in another location?	(If yes, where?)
VolunTEEN Guidelines and agree to abide remember that the staff relies on VolunT activities. It is extremely important for a for their assigned shift. Please also note should be completed in a professional matheir assigned shift without attempting to	EENs to assist with many programs and II VolunTEENs to be on time and prepared that all assignments are important and anner. VolunTEENs who do not show up for find a replacement for that shift, and unTEEN coordinator will be released from
VolunTEEN Signature and Date	Parent Signature and Date

This application must be signed and returned to the Youth Services Department before any volunteer hours will be assigned.

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VolunTEEN Questionnaire 2014 School Year

Name:	Age:
Address:	
Phone Number:	
School:	Grade:
Birthday:	
What is your favorite holiday:	
What's your favorite type of music?	
How did you hear about the VolunTEEN pro	ogram?
What strengths do you bring to the library's	s volunteer program?
What are three words that describe you?	
What's one fun fact about you that not ma	ny people know?
What other activities are you involved in?	
What should be part of an awesome volunt	teer program?
What areas interest you?	
What areas interest you?	Clarical (typing filing atc.):
Dronaration of artictic materials:	Clerical (typing, filing, etc.):
Preparation of artistic materials:	A solication solication and solicati
Preparation of artistic materials: Maintaining the atmosphere of the library:_ Creating cards for homebound patrons:	

* Come at 11:30 for a volunteer lunch

Saturday, October 25, from 12:15 p.m.*—3:30 pm?
Yes ______No_____



VolunTEEN Emergency Information

ame	Phone Number	Address	Relationship
Name	Phone Number	Address	Relationship
Name	Phone Number	Address	Relationship
Doctor Name	Phone Number	Address	
Hospital			
ergency Medical	Information (allergies m	edication etc please sp	ecify "taking" or "allergic

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Please indicate the days and times you are available to work:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9:00-10:00							
10:00-11:00							
11:00-12:00							
12:00-1:00							
1:00-2:00							
2:00-3:00							
3:00-4:00							
4:00-5:00							
5:00-6:00							
5:00-7:00							
7:00-8:00							

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