

# Haverhill Public Library

## Teen Volunteer Corps/Teen Service Application



Date: \_\_\_/\_\_\_/\_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_  
School: \_\_\_\_\_

Grade: \_\_\_\_\_

Why do you want to volunteer at the Haverhill Public Library?

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Do you have any previous volunteer experience? Yes \_\_\_ No \_\_\_

*If yes, where did you volunteer and what type of work did you complete?*

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What extra-curricular activities are you involved in?

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What are your interests/hobbies?

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Do you have any physical limitations that will need to be accommodated in your volunteer work? If yes, please describe:

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Are you interested in long-term or short term volunteer work?

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Do you have a minimum number of hours that you need to complete?

\_\_\_\_\_

I am available to volunteer during the following times:

Days/Times that are best for you	Morning (10 am – 12 pm)	Afternoon	Evening (5 pm – 9 pm )
Monday			
Tuesday			
Wednesday			Library Closed
Thursday			
Friday			Library Closed
Saturday			Library Closed

How many hours do you wish to volunteer each week or month? \_\_\_\_\_

*Volunteers are expected to commit to a set schedule that will be arranged between you and the Teen Services Librarian. We expect that you will adhere to your schedule; however, we understand that sometimes you cannot make your scheduled shift. If you are unable to come in when you are scheduled, please let the Teen Services Librarian know as soon as possible. If you do not call and do not show up for your scheduled shift you may be dropped from the volunteer corps.*

*The primary responsibility of most volunteers will be shelving in an assigned area. The Teen Services Librarian tries to accommodate individual interests when assigning shelving areas and special projects, however, specific project requests cannot be guaranteed. Volunteers will be expected to complete all assigned projects to the best of their abilities.*

I understand the expectations of a Teen Volunteers Corps member.

Your Signature:

\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Parent/Guardian Signature:

\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Person to contact in case of an emergency:

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

Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_