

TEEN VOLUNTEER APPLICATION

TEEN LIBRARY VOLUNTEER (17 Years & Younger)

DATE: _____ LIBRARY LOCATION(S): _____

First Name: _____ Last Name: _____

Nickname/Prefer to be called: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone (cell/work): _____

Birthdate: _____

Parent/Guardian Information

Name: _____ Relationship: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone (cell/work): _____

Is this your emergency contact? Yes No

If not, please list your emergency contact information below

Name: _____ Relationship: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone (cell/work): _____

References

References are an important part of your Volunteer Application. References can be anyone outside of your family who knows you and can provide information on your work ethic. Teacher, Principal, Youth Pastor, Coach, Mentor, Supervisor or a family friend would all be acceptable. Your references may also submit a letter of recommendation by mailing a letter to the library where you wish to volunteer.

Reference #1 Information

Name: _____ Relationship: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone (cell/work): _____

Reference #2 Information

Name: _____ Relationship: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone (cell/work): _____

About You

We want your volunteer time to be a positive growth experience. Please provide the following information in order for us to match you with appropriate jobs:

School Name: _____ Grade: _____

Why do you want to volunteer with the Metropolitan Library System?

What kind of work do you want to do as a volunteer?

What kind of work do you want to do as an adult?

What do you hope to learn from volunteer work?

What experience have you had working with children? Let us know what your responsibilities were, what ages the children were, the activities provided for children and based on your experience what ages of children you like to work with: _____

What are the characteristics of a good worker?

Do you have any special skills, talents or hobbies you would be willing to share?

Please indicate the library where you would like to volunteer. (You will need to call and make an appointment to turn in your application at your library of choice.)

- | | |
|------------------------------------|--|
| <input type="radio"/> Belle Isle | <input type="radio"/> Luther |
| <input type="radio"/> Bethany | <input type="radio"/> Midwest City |
| <input type="radio"/> Capitol Hill | <input type="radio"/> Nicoma Park |
| <input type="radio"/> Choctaw | <input type="radio"/> Ralph Ellison |
| <input type="radio"/> Del City | <input type="radio"/> Southern Oaks |
| <input type="radio"/> Downtown | <input type="radio"/> The Village |
| <input type="radio"/> Edmond | <input type="radio"/> Warr Acres |
| <input type="radio"/> Harrah | <input type="radio"/> Wright |
| <input type="radio"/> Jones | <input type="radio"/> Outreach – Come Read With Me |

I am available (*Hours for volunteering are flexible and vary according to library site*)

	Mornings	Afternoon	Evening
Sunday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wednesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thursday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Saturday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

T-shirt Size

- Small
 Medium
 Large
 X-large
 2Xlarge

Special Considerations:

I will give advance notice if I will be late or absent for any reason, and I will give at least two weeks notice on all vacations, camps, etc. At present, I know I will be unavailable during the following dates for camp and vacation:

Camp Dates:

Start Date: _____ End Date: _____

Start Date: _____ End Date: _____

Vacation Dates:

Start Date: _____ End Date: _____

Start Date: _____ End Date: _____

Authorization:

You must be 12 years or older to participate in this volunteer opportunity. We are requiring that a parent or guardian’s permission be obtained in writing before you will be eligible to volunteer. This page of this application needs to be signed by your parent or guardian and turned in before your application can be evaluated.

I certify that the statements made in this volunteer application are true and correct and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release the Metropolitan Library System of Oklahoma County from any liability for supplying such information.

I understand that the Metropolitan Library System reserves the right to screen volunteers and will not accept as a volunteer anyone who would jeopardize any aspect of library service or the safety of library staff and customers.

I understand that if I am unable to fulfill a scheduled time for any reason, I am to notify my library supervisor as soon as possible.

I understand that if I miss my scheduled date and time of service without prior notification, my volunteer opportunity may be terminated by the affected library site and supervisor.

I understand that I will not be paid for my services as a volunteer, and I am giving my time freely to the library to which I am assigned. I further understand that as a volunteer, I am not eligible for workers compensation insurance.

I also understand that by volunteering, I am not guaranteed any special consideration for any future permanent employment with the Metropolitan Library System of Oklahoma County, should I ever apply for a position.

- I agree to the above statement
- I do not agree to the above statement

I, _____, GIVE PERMISSION FOR MY CHILD OR LEGAL CHARGE
PARENT / LEGAL GUARDIAN

_____, TO VOLUNTEER WITH THE METROPOLITAN LIBRARY SYSTEM.
CHILD / LEGAL CHARGE FULL NAME

Yes, photograph(s), audio, or video(s) of my child/legal charge (circle one) may be used by the Metropolitan Library System of Oklahoma County for publicity purposes in newspaper/TV/radio ads & on the MLS website. I understand THE MLS will identify my child/charge by first name only, and no other information will be released to the media or published in any internal publication without authorization from me. *(Please check the box at left if you agree to grant permission. If you do not check the box, your child/legal charge will not appear in any MLS publicity.)*

Parent/Guardian’s Name (please print): _____

Parent/Guardian’s Signature: _____