

**Ruby Sisson Memorial Library
Teen Volunteer Application**

A Teen Volunteer must:

- Be 12-19 years of age or in 7th-12th grade
- Have parental permission
- Have a Sisson Library card

Name _____ Circle One: Male/Female/Other

Address _____

City _____ State _____ Zip _____

Phone(s) _____ (home) _____ (cell)
If you have more than one, which should we try first? Home/Cell (circle one)

Email _____ (if you check your email often)

Age _____ School _____ Grade _____

Emergency Contact:

Name _____ Phone Number _____

Relationship (mom, dad, etc.) _____

Where did you hear about volunteering at the library?

Please list any special interests, talents, hobbies, skills, or important information we should know.

Please list any allergies or health concerns.

Why would you like to volunteer at the library?

Days/Times I'd like to volunteer:

Day	Morning	Afternoon
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

I'd like to work for 1 _____ 1 ½ _____ 2 _____ hours per week.

Please indicate dates you are not available to work (i.e. vacation).

I have read the volunteer agreement and guidelines and agree to abide by them.

(Volunteer)

I have reviewed the volunteer agreement and guidelines and give my permission for my child to participate.

(Parent or Guardian)

Ruby M. Sisson Public Library
Teen Volunteer Agreement and Guidelines
(You will get a copy of this page)

I, _____ agree to serve as a volunteer for the Ruby M. Sisson Memorial Library and will follow the guidelines as stated below:

1. I will regard my assignment as a serious commitment. I will be on time or I will call my supervisor at 264-2209 if I am unable to report at an assigned time.
2. I will report to my supervisor at the Youth Services Desk when I arrive and before I depart.
3. I will dress neatly and cleanly. Volunteers should wear shoes and appropriate attire. (As a representative of the library, you are not allowed to wear tank tops, halter tops, low-riding or sagging pants, or clothes with holes in them.)
4. While on duty, I will wear my volunteer badge
5. I will turn off my cellphone while on duty.
6. I will arrange for my transportation to and from the library.
7. As a representative of the library, I will be polite, courteous, and helpful to both library users and staff. If there is a problem with a patron, staff member or another volunteer, I will let my supervisor know immediately.
8. Volunteers may not change the rules or make exceptions for anyone. If there is a question or problem, I will direct the patron (library user, customer) to a librarian.
9. I will complete my assignments to the best of my abilities. I will ask a staff member if I have any questions about assignments or how to complete assignments.
10. The Ruby M. Sisson Memorial Library will not be held liable for injuries sustained by me or any other person as a result of my actions or the actions of others.
11. The Ruby M. Sisson Memorial Library protects each library user's right to privacy and confidentiality with respect to information sought or received. I will maintain confidentiality of all information.

Signature: _____ Date: _____