

Warminster Township Free Library

Teen Volunteering Application

Age: _____ Today's Date (STAFF ONLY): _____

Volunteers MUST be at least 13 years old and no older than 18.

Please print clearly and legibly.

Contact Information

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Email: _____ Phone: () _____

School: _____ Grade: _____

Emergency Contact Information

Name of Contact: _____

Relation to Applicant: _____ Phone: () _____

Interests

Please let us know which volunteering opportunities you are most interested in by checking the boxes. You may select more than one.

- | | |
|--|--|
| <input type="checkbox"/> Shelf Maintenance | <input type="checkbox"/> Program Assistance (varying days and times) |
| <input type="checkbox"/> Adopt-a-Section (Shelf Reading Quiz required) | <input type="checkbox"/> Story Time Crafts Prep |
| <input type="checkbox"/> In house cleaning assistance | <input type="checkbox"/> Teen Advisory Group (T.A.G.) |

Availability

Day(s) and Time(s) you are available to volunteer. Please select ALL that apply and using numbers, indicate your preferences.

						Order
Mondays	(open 10-8)	Available Between	_____	and	_____	_____
Tuesdays	(open 10-4:30)	Available Between	_____	and	_____	_____
Wednesdays	(open 1-8)	Available Between	_____	and	_____	_____
Thursdays	(open 10-5)	Available Between	_____	and	_____	_____
Fridays	(open 12-5)	Available Between	_____	and	_____	_____

How many hours a week would you like to volunteer? _____

How did you hear about this opportunity?

- | | |
|--|---|
| <input type="checkbox"/> Library Staff | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Library Flyer | <input type="checkbox"/> School |
| <input type="checkbox"/> Library Website | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Library Email Blast | <input type="checkbox"/> Community Organization |
| <input type="checkbox"/> Township Email | <input type="checkbox"/> Other: _____ |

Why do you want to volunteer at the Warminster Library?

Parental Permission

I, _____ (parent name), responsible for _____ (child's name) do hereby release the Warminster Township Free Library, and their employees from any and all liability which may arise as a result of volunteering at the Warminster Township Free Library. He/she has my full permission to participate in the library's volunteer program and I waive any claim for damages to his/her property and assume all the risks of such participation.

The Warminster Township Free Library also has permission to use my child's photograph, videotaped image or creative works in publicity about the Library and its activities or displays.
___ Yes ___ No

Parent/Guardian signature: _____ **Date:** _____

Street Address (If different): _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Teen Signature: _____ **Date:** _____

For more information about volunteering and programs at the Warminster Township Free Library, please contact Ann Duffy at (267) 317-1336 or by email at duffy@buckslib.org.