

# Warminster Township Free Library

## *Teen Volunteering Information Sheet*

Age: \_\_\_\_\_ Today's Date (STAFF ONLY): \_\_\_\_\_

***This form is for volunteers between 7th-12th grade.***

*Volunteers MUST be at least 12 and in 7th grade and no older than 17. Please print clearly and legibly.*

Thank you for your interest in volunteering at the Warminster Township Free Library. To join our team of library-loving volunteers, you should:

- Be between the ages of 13-17 years old [12 year olds will only be considered if they are in 7th grade]
- A minimum commitment of 1-2 hours/week for at least 4-6 months **OR** during the months of June-August [Summer Volunteering]
- Have the ability to work alone, with others, and be able to take directions well
- Show up on time to all assigned shifts and communicate when you are unable to come

### Contact Information

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

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

### Emergency Contact Information

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

Relation to Applicant: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

### Availability

#### Season

- Winter/ Spring [January-May]
- Summer [June-August]
- Fall [September-December]

Please indicate the day(s) and time(s) you are available to volunteer. Use numbers to distinguish your preference (1 being the most desired time, 2 being the second most desired time etc.). **Please also indicate if you can only do an hour within a desired time frame.**

<b>Mondays</b>	<b>**11AM-1PM</b>	<b>**1-3PM</b>	<b>3-5 PM</b>	<b>4-6 PM</b>	<b>6-8 PM</b>
<b>Tuesdays</b>	<b>**11AM-1PM</b>	<b>**1-3PM</b>	<b>3-5 PM</b>	<b>4-5 PM</b>	
<b>Wednesdays</b>		<b>**1-3PM</b>	<b>3-5 PM</b>	<b>4-6 PM</b>	<b>6-8 PM</b>
<b>Thursdays</b>	<b>**11AM-1PM</b>	<b>**1-3PM</b>	<b>3-5 PM</b>		
<b>Fridays</b>	<b>**10AM-12PM</b>	<b>**1-3PM</b>	<b>3-5 PM</b>		

*\*\* Summer hours only*

**Please note: Volunteers will be required to pass a shelf reading quiz prior to starting.**

## Volunteering Tasks

Below are some of the tasks you may be expected to perform due to availability and need.

- Shelf read/ Maintenance [Adopt-a-section]
- Program Assistance [May require Child Abuse Clearances]
- Toy Cleaning
- Story Time/ Craft Prep

**Would you like to volunteer during youth programming if the availability and need arise? [This may require the Child Abuse Clearance]**

**Dates you will not be available [Vacation, Camps, ect.]:** \_\_\_\_\_

## Parental Permission

I, \_\_\_\_\_ (parent/ guardian name), responsible for \_\_\_\_\_ (volunteer'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. My child has my full permission to participate in the Library's volunteer program and I waive any claim for damages to their 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.

## Teen commitment of understanding

I, \_\_\_\_\_ (volunteer's name), have read through the Volunteer Information Sheet and understand that I am to show up to all assigned shifts on time. If I am unable to come in due to illness, school, etc. I will email or call the library to inform them of my absence or tardiness. Failure to do so may result in early termination from volunteering.

## **Volunteer Clearance Section [Please read carefully and mark the box below]**

By signing this letter, both the teen volunteer (ages 13-17) and parent/legal guardian affirm that the teen volunteer is not disqualified for service pursuant to Pennsylvania Statutes Title 23 Pa. C.S.A. Domestic Relations § 6344(c) and has not been convicted of an offense similar in nature to those crimes listed in §6344(c) under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or foreign nation, or under a former law of this commonwealth.

- I hereby certify that I have exclusively lived in Pennsylvania the last 10 years
- I have not lived in exclusively Pennsylvania for the last 10 years (if this box is checked, the volunteer may need to complete the FBI fingerprinting for volunteers and submit with this application)

Teen Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

For more information about volunteering at the Warminster Township Free Library, please contact Ann Duffy at (267) 317-1336 or by email at [duffya@buckslib.org](mailto:duffya@buckslib.org)