

Teen Volunteer Application

High School : ages 14 & up

Personal Information

Name: _____ Age: _____

Address: _____ City: _____

Phone: _____ Cell: _____

Email: _____

Emergency Contact:

Name: _____ Phone: _____ Relationship: _____

Interests and Availability

We have a variety of volunteer opportunities to offer. Please check those of most interest to you (check all that apply):

- Library Programs** : Volunteers may prepare craft materials, set up chairs for events, help librarians with crafts, or work with kids during programs.
- Organizing & Cleaning** : Most volunteers are asked to do these projects. They include organizing, shelving and cleaning materials.
- Teen Advisory Board** : Join TAB to plan and run programs for both high school and middle school. TAB offers scholarships, special projects, and a great opportunity to build leadership skills.

Please indicate what hours you are available on each day of the week:

Note: if you are not available put an X in the box (no Saturdays or Sundays available for volunteer hours)

Monday	Tuesday	Wednesday	Thursday	Friday

(At this time the library is not accepting court ordered community service in the youth service department)

Volunteer Goals
Why do you want to volunteer at Matheson Memorial Library? _____
Are you volunteering to fulfill a requirement for a class or school program? <input type="checkbox"/> No <input type="checkbox"/> Yes What class? _____
Are you required to fulfill a specific number of volunteer hours? <input type="checkbox"/> No <input type="checkbox"/> Yes How Many? _____
Must you have your hours completed by a certain date? <input type="checkbox"/> No <input type="checkbox"/> Yes When? _____

Parent or Legal Guardian Permission Required for Volunteers Under 18

I give my permission for my child _____ to volunteer at the Matheson Memorial Library.

Signature _____ Date: _____

Non-Discrimination Policy

It is the policy of Matheson Memorial Library not to discriminate against any applicant or volunteer on the basis of race, gender, religion, or disability.

Agreement and Signature

I certify that all information provided on this application is true and complete to the best of my knowledge. I understand, as a volunteer, that I must abide by the library's rules and regulations.

Signature _____ Date: _____

Completed forms can be dropped off or sent to:

Jessica Dowling
 101 N. Wisconsin St.
 Elkhorn, WI 53121
 jdowling@elkhorn.lib.wi.us

Volunteer Agreement

Your time at Matheson Memorial Library can be a great experience. These are the requirements for all of the volunteers in the Youth Department:

1. All volunteers must behave appropriately. Illegal, dangerous, destructive, or insubordinate behavior will immediately terminate the volunteer's position at the library.
2. If you are not fully vaccinated, appropriate and properly worn face coverings are required while working volunteer shifts at the library.
3. Appropriate clothing must be worn while on duty (jeans/ shorts and t-shirts are ok). Clothing should not include offensive messages.
4. Volunteers must be present and on time for their work shifts. Repeated tardiness or absence will be cause for dismissal from the volunteer's position at the library. If a volunteer must be late or is unable to work due to illness or an emergency, then the volunteer should call the library or email one of their library supervisors.
5. Everyone must be treated with respect and consideration while at the library. This includes other volunteers, patrons (children and adults), and library staff. Report any harassment to your volunteer supervisor.
6. According to state law, library records must be kept confidential. Things that a volunteer learns on the job about patron library records must be kept private.

I, _____ understand and agree to these terms.

Print Name

Signature

Date