



VolunTEEN Application

Ages 13-17 years old

Name: _____ Birthdate: _____

Email Address: _____ Phone: _____

What is the best way to contact you? _____ May we text you at the above number? Yes No

In case of emergency, please notify:

Name: _____ Phone Number: _____ Relation: _____

Availability

Please list what days and times you would be available to volunteer.

	Morning	Afternoon	Evening
Tuesday:	_____	_____	_____
Wednesday:	_____	_____	_____
Thursday:	_____	_____	_____
Friday:	_____	_____	_____
Saturday:	_____	_____	_____

What types of things would you like to do as a library volunteer?

- Library programs and events
- Shelf reading
- Shelving library materials
- Special projects
- Other ideas _____.

Teen Advisory Board: The advisory board meets monthly and has the opportunity to provide input in the way the library serves teens.

Teen Advisory Board members plan and promote teen programs, and assist with events both in the library and through community outreach. They attend monthly meetings and recommend books and movies to library staff. Advisory board members create displays to suggest teen collections to the public, promote the library to their peers and work as a team & gain leadership experience. You'll gain: volunteer credit, skills and experience (this looks great on a college or job application), and new friends.

I am seeking to volunteer to satisfy a school/scholarship/graduation requirement: need to complete _____ hours by _____.

By signing below, I agree to abide by the requirements as described in the Volunteer Policy and I will complete the required training.

Printed Name: _____ **Signature:** _____ **Date:** _____

If under the age of 18, Parental consent is required:

This volunteer is age 13-17 and has my permission to volunteer for the Hood River County Library District.

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

Phone number: _____ **Email:** _____

Contact volunteer coordinator at 541-387-7067 with any questions.