



TEEN VOLUNTEER APPLICATION

Volunteers will receive consideration without discrimination because of race, gender, age, handicap, or national origin. Submitting an application does not guarantee placement as a library volunteer. Incomplete applications will not be considered. The library reserves the right to evaluate, refuse, and or terminate those volunteers whose performance is not satisfactory. It is not the policy of the library to accept volunteers who need community service hours for probation or other adjudicated purposes. Opportunities are limited. We do give preference to teens that need volunteer work for school, honor societies, scouts, and other similar organizations.

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____ City/State/ZIP: _____

Phone Number: _____ **Email Address: _____

Date of Birth: _____ Age: _____ Grade (Must be 7th Grade and up): _____

School Name: _____ Preferred Pronouns: _____

****Please provide a personal email address as Coventry Public School and other school emails do not receive outside mail****

How many hours do you need if required?

When do you need those hours completed by? _____

Do you get a ride or drive yourself to the library? _____

Why do you want to volunteer at the library? **(At this time we are not taking court ordered service requests)**

Please indicate what days and times you would be able to volunteer:

DAYS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
TIMES					

If you have any physical handicaps (i.e. visual, hearing, etc.) that we can accommodate during your time as a volunteer, please feel free to share here:

Emergency Contact Information

Name: _____

Phone: _____

Email: _____

Relationship: _____

Name: _____

Phone: _____

Email: _____

Relationship: _____

I certify that I have answered and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by the Coventry Public Library and that misrepresentation or omissions may be cause for my immediate rejection as an applicant or termination as a volunteer.

PLEASE DROP FORM OFF AT THE LIBRARY OR EMAIL THE COMPLETED FORM TO:
kstaigers@coventrylibrary.org

Your Signature: _____ Date: _____

Parent/Guardian Signature: _____

If accepted as a volunteer, you are now considered a library representative. As a representative of the Coventry Public Library, the expectations that we ask you to uphold are as follows:

- You will maintain a courteous and positive demeanor while volunteering.
- You will report for your scheduled volunteer duties on time as defined by your schedule. If unable to volunteer, you will contact the library by phone **(401-615-9354)** or email **(kstaigers@coventrylibrary.org)** ASAP.
- You will wear an outfit that must be appropriate for volunteering at the library. If you are volunteering in the summer, you will wear your summer teen volunteer shirt, or other appropriate attire. Footwear must cover the entire foot to prevent injuries.
- You will keep your cell phone on vibrate. You can listen to music while doing tasks, except during summer volunteering.
- You will assist library staff with assigned projects during your volunteer shifts. If you have finished your assigned tasks, you can keep yourself occupied with quiet activities (i.e. reading, working on schoolwork, drawing, etc.) until your time is over.
- You will be courteous and respectful to library patrons, staff, and other volunteers at all times.
- You will not bring friends or relatives with you when volunteering.
- You will not enter into library staff work areas or staff room unless invited to do so by a staff member.
- You understand the library reserves the right to evaluate, refuse, and/or terminate volunteers whose performance is not satisfactory (i.e. showing up late, being rude, not doing what is assigned, etc.).
- Any questions, problems, or concerns should be brought to Kylie, the Head of Young Adult Services, or Ms. Cara, the Head of Youth Services.

Please sign to confirm you have read and agree to these guidelines:

Your Signature: _____ **Date:** _____

Thank you for your consideration towards becoming a volunteer at the Coventry Public Library! We couldn't have such an awesome library without the assistance of great volunteers; thank you for all you do!