



TEEN VOLUNTEER APPLICATION

Shorewood-Troy Public Library

650 W Deerwood Drive

Shorewood, IL 60404

815-725-1715

shorewoodtroylibrary.org

Teen volunteers must be currently enrolled in high school (ages 14 and older). Volunteers must be affiliated with a school or educational program that requires service hours. Volunteers must dress appropriately. *There are three (3) parts to this application. All parts must be submitted for your application to be complete.*

PART I

Contact Information

Name: _____ Date of Birth: _____

Address: _____

City, State, ZIP CODE: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

School Name: _____ Year/Grade: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Emergency Contact (name): _____

Relationship: _____ Emergency Contact Phone: _____

Availability

How many hours are you required to serve? _____

For what school/educational organization project do you need hours? _____

During which hours are you available to volunteer:

Monday	<input type="checkbox"/> 10:00am-12:00pm <input type="checkbox"/> 12:00-1:00pm <input type="checkbox"/> 1:00-3:00pm <input type="checkbox"/> 3:00-5:00pm <input type="checkbox"/> 5:00-7:00pm
Tuesday	<input type="checkbox"/> 10:00am-12:00pm <input type="checkbox"/> 12:00-1:00pm <input type="checkbox"/> 1:00-3:00pm <input type="checkbox"/> 3:00-5:00pm <input type="checkbox"/> 5:00-7:00pm
Wednesday	<input type="checkbox"/> 10:00am-12:00pm <input type="checkbox"/> 12:00-1:00pm <input type="checkbox"/> 1:00-3:00pm <input type="checkbox"/> 3:00-5:00pm <input type="checkbox"/> 5:00-7:00pm
Thursday	<input type="checkbox"/> 10:00am-12:00pm <input type="checkbox"/> 12:00-1:00pm <input type="checkbox"/> 1:00-3:00pm <input type="checkbox"/> 3:00-5:00pm <input type="checkbox"/> 5:00-7:00pm
Friday	<input type="checkbox"/> 10:00am-12:00pm <input type="checkbox"/> 12:00-1:00pm <input type="checkbox"/> 1:00-3:00pm <input type="checkbox"/> 3:00-5:00pm
Saturday	<input type="checkbox"/> 10:00am-12:00pm <input type="checkbox"/> 12:00-1:00pm <input type="checkbox"/> 1:00-3:00pm <input type="checkbox"/> 3:00-5:00pm
Sunday	<input type="checkbox"/> 2:00-4:00pm

I cannot commit to a regular shift, but would like to be considered as an alternate/substitute and be notified if any additional opportunities become available.

Skills and Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, hobbies, or sports. _____

List any computer skills: _____

Volunteer Experience

Summarize your previous volunteer experience. _____

Why do you want to volunteer at the library? Be specific. _____

Are you limited in any activities due to health issues? If so, please explain. _____

Please check all that apply, I would like to volunteer to assist:

Sorting materials

Groundskeeping

Clerical assistance

Summer Reading Program

Special projects/events

Wherever I am most needed

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed): _____

Signature: _____

Date: _____

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with us.

PART II

Dear Counselor or Teacher:

Each student who applies for volunteer work must have a recommendation from school. We would appreciate your evaluation and comments to help us choose candidates who will best benefit from our program while serving organization and the recipients of our services. This information will be kept confidential. Please return the completed form to me at the address below at your earliest convenience by mail, fax, or by placing it in a sealed envelope, signing across the flap, and returning to the student. You may also email me the completed form. Thank you for your assistance.

Becky Wagoner
 Volunteer Coordinator
 Shorewood-Troy Public Library
 650 Deerwood Dr., Shorewood, IL 60404
 Phone: (815)725-1715 Fax: 815-725-1722
 bwagoner@shorewoodtroylibrary.org

CONFIDENTIAL RECOMMENDATION FOR TEEN VOLUNTEER

Student's Name: _____ Grade Level: _____
 School: _____

Please place an X in the appropriate box:

SKILLS	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE	POOR
Attendance					
Scholastic Record					
Dependability					
Courtesy					
Willingness to Help					
Initiative					

Comments: _____

Teacher/Counselor Printed Name _____
 Teacher/Counselor Signature _____