

Teen Volunteer Application

All applicants must hand-deliver this application to the Teens Department,
located on the 3rd Floor of the Main Library (11 S. Broad St. Elizabeth, NJ 07202).



The Board of Trustees of Elizabeth Public Library encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you. Volunteers under the age of 18 will be assigned to the Children's or Teens Departments. Priority will be given to students in grades 9-12 who either attend school or reside in the city of Elizabeth.

Thank you for your interest in assisting the library.

Name: _____	<div style="border: 1px solid black; padding: 5px;"> Under 18? Yes _____ No _____ </div>
Address: _____	
City: _____ State: _____ Zip: _____	
Phone: _____ E-mail: _____	
School: _____ Grade: _____	

Any special talents or skills you have that you feel would benefit the library:

Although training will be provided, please list any other organizations you have served:

Date (Year)	Organization	Supervisor	Contact Information

Various volunteer opportunities exist in the library. Please check the possibilities that interest you:

- Dusting/Cleaning Tasks**
- Shelving/Organizational Tasks**
- Decorations/Creative Tasks**
- Programming/Special Events**
- Tech Support/IT Help**
- Gardening/Outdoor Help**

All Teen Volunteers will be expected to serve a minimum of 20 hours, to receive community services hours for school, church, etc. Please indicate the days/time that you are available:

Days/Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Most volunteers will be scheduled to work at the Main Branch Library, but if you would like to be considered for one of our other branches, please indicate your preference(s):

- Elmora Branch Library (740 W. Grand St. Elizabeth, NJ 07202)**
- LaCorte Branch Library (418-424 Palmer St. Elizabeth, NJ 07202)**
- Elizabethport Branch Library (102-110 3rd St. Elizabeth, NJ 07206)**

Any physical limitations? _____

In case of emergency contact: _____

Have you been convicted of a crime within the past seven years? _____

If yes, please explain:

As a volunteer of our organization, I agree to abide by library policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for accident, injury, or health problem which may arise from volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature: _____ Date: _____

For Staff Use Only:

Date received: _____ Date processed: _____ Action Taken: _____ Initials: _____

Elizabeth Public Library

11 S. Broad Street
Elizabeth, NJ 07202
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www.elizpl.org