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: __________________________________________________________
Address: ________________________________________________________
City: __________________________ State: _________ Zip: ______________
Phone: ______________________ E-mail: _____________________________
School: ______________________ Grade: ____________________________

Under 18?
Yes _____
No ______

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:

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<th>Date (Year)</th>
<th>Organization</th>
<th>Supervisor</th>
<th>Contact Information</th>
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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:

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<th>Days/Hours</th>
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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 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: _______