

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: _____	Under 18?
	Yes _____
Address: _____	No _____
City: _____	State: _____
	Zip: _____
Phone: _____	Email: _____
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

What library branch are you most interested in volunteering in?

- Main Branch (11 South Broad St.)
- Elmora Branch (740 West Grand St.)
- E'Port Branch (102-110 3rd Street at E. Jersey St.)
- LaCorte Branch (418-424 Palmer Street)

All Teen Volunteers will be expected to serve a minimum of 10 hours to receive community service hours for school, church, etc. Please indicate the days/time that you are available:

Days/Hours	MON	TUE	WED	THU	FRI	SAT
AM						
PM						

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 problems 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

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www.elizpl.org