

# Northlake Public Library District Teen Volunteering Application

Teen volunteering is available for teens ages 14-18. Shifts are typically 1-3 hours and are available afternoons, evenings and weekends. NPLD is looking for teens with a positive attitude, flexibility, and a desire to support library activities and services. If eligible, you may be contacted for an interview by the Teen Volunteer Coordinator.

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Current Grade: 9 10 11 12

How did you hear about NPLD Teen Volunteering? \_\_\_\_\_

Have you ever worked or volunteered for NPLD in the past?  Yes  No

If yes, please explain: \_\_\_\_\_

### Why are you applying for community service hours: (Check One)

Required for school  Which School \_\_\_\_\_

Court Ordered  Church  Other (please explain) \_\_\_\_\_

And number of hours you are required to complete: \_\_\_\_\_

When do they need to be completed by?: \_\_\_\_\_

Describe your weekly availability (e.g., Monday-Thursday, 3-6pm): \_\_\_\_\_

Describe your skills or abilities: \_\_\_\_\_

Please provide two non-family references that we may contact (e.g., teacher, counselor or supervisor):

Name: \_\_\_\_\_ Email/phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Email/phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**I certify that all statements provided on this application are true and complete.**

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Northlake Public Library District Teen Volunteering Application Parental Consent Form

Teen Volunteer Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone numbers: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

I give permission for my child to be a teen volunteer for Northlake Public Library District. I understand that, if selected for a volunteer position, he/she will be provided with orientation and training necessary for the safe and responsible performance of his/her duties, and he/she will be expected to meet all the requirements of the position, including regular attendance and adherence to Northlake Public Library District policies and procedures. I understand that my child will not receive monetary compensation for the services contributed. I will support him/her by respecting his/her volunteer commitment and providing transportation if needed.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide a secondary emergency contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_