

SAINT JOHN FREE PUBLIC LIBRARY

Young Volunteer Application – School Year

VOLUNTEERS MUST BE AT LEAST 12 YEARS OF AGE.

*New registrations are limited to the first month of school and the first month after Christmas.
The library might not be able to employ all the teenagers who apply for the volunteer positions.*

Salutation	Name	Given	Initial	Family
Mailing Address		Street	Apt.#	
City	Province		Postal Code	
Telephone # (home)	(cell)	E-mail Address		

Last grade completed: _____
 School currently attending: _____
 Have you been a volunteer before? _____ Where? _____
 What did you do? _____

Parents'/Caretakers' Names _____
 Name of person to contact for an Emergency _____
 Telephone _____ Telephone _____
Home Work

Each volunteer will be asked to work at least one hour per month up to a maximum of two hours per week. Please indicate when you are available.

	MON	TUES	WED	THURS	FRI	SAT	SUN
Morning	xxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxx		
Afternoon/ After school							
Evening	xxxxxxx	xxxxxxxx			xxxxxxxx	xxxxxxxx	xxxxxxxx

Why do you want to be a volunteer?

What or who sparked your interest in library work?

How did you hear about this program? _____ (Brochure, poster, friend, parent, other...)

Your skills or talents: please check any /all you have and add:

- Languages spoken or written: _____
- Art
- computers
- Puppetry
- Musical Instrument INSTRUMENTS PLAYED: _____
- Working with Children
- Writing/Reporting
- Storytelling
- Photography
- Other _____

What would you like to do at the library?

- Shelf books, shelf read, dust/clean books and shelves
- Help with program preparation and children's craft supplies
- Prepare and perform a puppet play for children
- Create and present events and programs for other teens
- Help design a library web page for teens
- Help during the annual (May) book sale
- Create lists, posters and bookmarks of your recommendations of teens and children's books
- Locate good websites for children and teens for fun and information

REFERENCES

Please give us the **name and phone number** of at least one person who can tell us about your previous volunteer or paid work (Remember, babysitting is work!) and one person who has known you for a long time.

Work Reference	Phone Number
Work Reference	Phone Number
Personal Reference	Phone Number
Personal Reference	Phone Number

PARENTAL PERMISSION

I hereby give permission for my son/daughter _____
Young Volunteer's Nameto work as a volunteer at the Saint John Free Public Library. I understand that he/she will not be paid for his/her time.

Parent's Signature
SJFPL-YOUNG VOLUNTEER APPLICATION FORM –SCHOOL YEAR

Date
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