

# Teen Volunteer Application Downingtown Library

Date of Application: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

**We communicate with our teen volunteers through email! An email address must be provided.**

\*Emails may be personal, school, or the email of a parent\*

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

Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Previous Volunteer/Employment Experience:

\_\_\_\_\_

□ \_\_\_\_\_

**Emergency Contact:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

**Applicants under the age of 18  
Must have a parent/guardian signature**

has my permission to work as a volunteer at the Downingtown Library.

Signature:      Name (Print):      Relation to Applicant:      Phone:

Thank you so much for your interest in volunteering at Downingtown Public Library!  
Drop this completed form (both sides) off at your earliest convenience.

\*Please note that submitting an application does not guarantee acceptance into the  
program.

***Due to a high number of applications, we are unable to reply to each application individually.***

# Downingtown Library

## Teen Volunteer Contract

*Please read each guideline and initial each box. Volunteers must agree to each statement in order to be considered.*

I understand that the Downingtown Library cannot guarantee me volunteer hours.

I understand that I am to dress in neat, clean, and appropriate clothing while volunteering.

I understand that, in the case of outdoor volunteering, I am responsible for providing my own water and sunscreen or other means of protection against the elements.

I understand that I am to behave respectfully and kindly to Downingtown Library's facility, staff, other volunteers, and patrons.

I understand that I am expected to show up on time for volunteer duties. I will let the teen volunteer coordinator know as soon as I can if I am to be late or unable to make a volunteer program I signed up for.

I understand that I am not to be on my phone texting, calling, playing games, listening to music, etc., while volunteering.

I understand that I am responsible for recording my volunteer hours. Hours that I do not write down may not be counted since they are not on record. Downingtown Library has the right to take away any volunteer hour credit if hours are questioned as being falsified in the volunteer log book.

I understand that I may receive a warning/reminder from library staff if I am not performing my volunteer duties or not following volunteer guidelines.

I understand that the Teen Volunteer Coordinator has the right to dismiss me from the volunteer program as well as revoke my volunteer credit if I continually go against the volunteer guidelines.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_