

# Mildred Whipple Library TEEN VOLUNTEER APPLICATION



Thank you for your interest in volunteering for the Mildred Whipple Library! Please fill out this application and return it to the Mildred Whipple Library. Library staff are available to answer any questions you might have.

## Teen Volunteer Expectations

Teen Volunteer requirements:

- Any student in grades 6th-12th within the North Douglas Library District may apply to be a teen volunteer.
- Must be able to reliably commit to their volunteer schedule, as outlined in this application and approved by library staff.

Teen Volunteer expectations include, but are not limited to:

- Complete agreed upon Teen Volunteer tasks as assigned, either independently or as part of a team.
- All volunteer shifts are on an "at-will" basis and will be utilized only when library staff and work are available.
- Notify the Mildred Whipple Library in advance if they are unable to make a volunteer shift.
- Act as a library ambassador and all-around role model of good teen behavior.
- Follow all North Douglas Library District policies, rules, and regulations.

## General Information

Application Date \_\_\_\_\_ Date Available \_\_\_\_\_

Full Name \_\_\_\_\_  
(last) (first) (middle)

[OPTIONAL] Pronouns \_\_\_\_\_

School \_\_\_\_\_

Current Grade \_\_\_\_\_ Birthday (month/day/year) \_\_\_\_\_

Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_  
Preferred method of contact: email call text

Address \_\_\_\_\_  
(# and street) (city) (state) (zip)

Mailing Address (if different) \_\_\_\_\_  
(# and street) (city) (state) (zip)

Do you have a library card with the North Douglas Library District?  Yes  No  
If no, please elaborate: \_\_\_\_\_

## Teen Volunteer Schedule

I am interested in volunteering (select 1):

30 minutes per week (4 shifts per month) -OR- 1-2 hours per month (1-2 shifts per month)

Days & time(s) available: \_\_\_\_\_

Length of time interested in volunteering:  3 months  6 months  1 year

**Applicant Questions**

Last book you enjoyed (physical, ebook, or audiobook): \_\_\_\_\_

Why are you interested in becoming a teen volunteer?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[OPTIONAL] Do you have any physical limitations, medical conditions, and/or allergies that library staff should know of?

*Answers to this question do NOT determine teen volunteer approval but help customize volunteer tasks.*

\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Information**

**\*If you are under 18, this section MUST be filled out & signed before you can volunteer.\*\***

Parent or Guardian (also emergency contact):

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

**Parent/Guardian Statement:** I am aware my teen is applying for a volunteer position with the North Douglas Library District's Mildred Whipple Library and that only staff members will have access to my teen's volunteer application information. I have read and understand the expectations of teen volunteers with the library and support my teen participating in this activity. I also understand that I am listed as my teen's emergency contact.

**Photo release (select one):**

I give the North Douglas Library District permission to publish my teen's photo (including, but not limited to, printed materials, social media posts, and other marketing materials).

I do not give the North Douglas Library District permission to publish my teen's photo for any reason but understand the library is a public space and some library activities (such as programs) will include filming by attendees.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Teen Applicant Statement:** I have read and understand the requirements and expectations for volunteering for the North Douglas Library District's Mildred Whipple Library. I understand that I am not an employee of the North Douglas Library District (NDLD) or their affiliations and I am acting as an unpaid, independent volunteer. However, I also understand that I must adhere to all NDLD policies and be an exemplary example of a library ambassador. I understand that volunteers are on an "at-will" basis and will be utilized only when supervisory staff and work are available.

**Teen Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

*Thank you for taking the time to complete this form. The Mildred Whipple Library appreciates your interest in joining our teen volunteer program. Applicants will be contacted within approximately three weeks of submission.*

**The North Douglas Library District reserves the right to deny any volunteer applicant.**

**Interested in more?** Consider joining the Teen Advisory Board! Suggest purchases, help plan programs, create displays, gain leadership experience and job skills, and so much more! Look for the TAB Application online or during your next visit.

**LIBRARY STAFF USE**

Received by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_