



DATE: _____

Beaver Area Memorial Library
Beaver County Library System Member
100 College Avenue
Beaver, PA 15805
724-779-1122

VOLUNTEER APPLICATION **FOR TEENS** **AGES 13-18**

Applicant Information

FULL NAME: _____
Last First M.I.

ADDRESS: _____
Street Address Apt./Unit #

City State: Zip Code

PHONE: _____ **CELL:** _____

Type of service you can provide: _____

Availability: Mon Tues. Wed. Thurs. Fri. Sat. Mornings Afternoons Evenings

Education

School: _____ **Grade:** _____

Community Service

Are you seeking hours for court appointed community service? Yes No

If you answer YES:

Total number of community service hours assigned _____

Total number of hours you would like to serve at the Library _____

Deadline: / / Do you need confirmation of hours served in writing? Y N

For TEENS:

Those under the age of 18 must have their parent or guardian sign the application.

Are you seeking hours for required community service for school or other organization? Y N

If YES: How many hours? _____ **For what reason:** _____

Parent or Guardian Information

Full Name: _____
Last First M.I.

Phone: _____ **Email:** _____

Cell Phone: _____ **Relationship:** _____

Parent or Guardian: *My child has permission to serve as a Volunteer at the Beaver Area Memorial Library.*

Parent or Guardian Signature: _____ **Date:** _____

TEEN VOLUNTEER: I would like to be a Volunteer at the Beaver Area Memorial Library. I agree to follow the Library's policies and procedures and to show respect to the Library Staff and members of the public who use the Library. I will do the jobs assigned to me promptly and cheerfully. I will take good care of the Library's property.

Teen Volunteer Signature: _____ **Date:** _____

VOLUNTEER WORK PREFERRED (please check all areas of interest):

- | | |
|--|---|
| ☐ Adopt-a-Section (Shelf-Reading) | ☐ Shelving |
| ☐ Cleaning Books/Dusting Shelves | ☐ Friends of the Library |
| ☐ Help with Bulk Mailing | ☐ Help with Special Events |
| ☐ General Housekeeping (e.g. dusting, windows, restrooms) | |

Please list any skills and special knowledge you have which might be beneficial to the library. (e.g. clerical, computer, working with children, art, photography, etc.)

AVAILABILITY:

Would you prefer to have a regular work schedule or work on special projects with a more flexible time frame?

How many hours per week/month would you have to give to the Library?

Which days/times are you available to volunteer? _____

Do you have any physical limitations that might restrict your activity? (Please specify)

I understand that the Beaver Area Memorial Library has the right to evaluate all applicants and will not accept a volunteer who would jeopardize the materials and services of the library or the safety of the library staff and patrons.

I understand that as a Beaver Area Memorial Library volunteer I may come in contact with confidential information. I agree to protect this information in compliance with the Pennsylvania Law and will not divulge any information during or after my services as a volunteer.

I agree to abide by all library policies and understand that as a library volunteer I am a representative of the library and must portray a positive image at all times.

Applicant's Signature

Date:

Parent/Guardian Signature:

Date:
