

ate:

# Somerset County Library System of New Jersey Teen Volunteer Application

Please fill out completely and neatly. If we can't read the application, we may not be able to reach you. When complete, please return to the Youth Services Department.

Name				
(First)		(Last)		
Address				
Town	State	Zip		
Home Phone	Cell Phon	e		
Email Address				
Best contact time:	Morning Afternoo	n Evening	Anytime	
School:		Grade		
Emergency Contact (Name /	Phone / Email Address / Rela	tionship to you)		
Preferred times for voluntee	ring: (Please check your choi	ices)		
Summer only	Weekend afternoons only _	Each week for	hours	
September-June only	Weekday afternoons	Project based blo	cks of time	
Weekend mornings only	Weekday evenings	Depends on trans	Depends on transportation	

### **Two Personal References Required**

(Individuals providing a reference should **not** be a relative or anyone under 18 years of age)

Attached to this application you will find two personal reference forms, please have these completed and returned to your volunteer supervisor by the assigned date. If you are a returning volunteer\* and have previously volunteered with SCLSNJ, you are not required to provide these references.

## **Teen Volunteer Agreement**

#### What you can expect from the Library:

- The Library staff will work with you to try to resolve problems with scheduling or assigned tasks.
- Please tell us if there is a problem.
- The Library staff will assist with any difficulties with Library users, including lines of waiting people.
- The Library staff can provide, upon your request, documentation of community service hours based on your timesheet. Please see the teen librarian for further details.

#### What's expected of you:

Consider this volunteer opportunity just like a job – you must be on time, courteous and enthusiastic. Try your best to follow the volunteer guidelines and give your best effort to assigned duties. Remember, you are representing your Library.

#### As a teen volunteer for SCLSNJ, I agree to the following guidelines:

- I will arrive at the Library at my assigned time and notify a staff member I am here.
- I will keep track of my schedule.
- If I cannot make a scheduled shift, I will call the Library and tell a staff member or leave a message. This call should be made one day prior to the absence or as soon as possible.
- I understand that rescheduling a missed shift may or may not be possible.
- I will make sure that my ride home arrives before the Library closes.
- I will wear a volunteer nametag while I am working.
- I will focus on my volunteer assignment and keep socializing to a minimum.
- I will perform my assigned duties in a pleasant manner, being courteous and respectful to all Library users, staff members and other volunteers at all times.
- I agree to keep confidential any personal information I may encounter regarding Library users, staff members and other volunteers.
- I will refer Library users to the staff when questions arise that are not directly related to my duties.
- I will not bring food or drink into the Library, with the exception of water bottles with caps.
- I will keep my cell phone on vibrate and will not make or receive any calls that are not emergencies. If I must take an emergency call, I will tell a staff member.
- I will not use any electronic devices while volunteering.
- I will wear appropriate attire to the Library. No bare feet, no bathing suits, no exposed midriffs, no shorts and skirts that are higher than two inches above the knees, no clothing with offensive or threatening messages, no revealing or distracting attire, etc. A Library staff member may cancel my volunteer shift for the day if I fail to follow this guideline.
- I will maintain a positive attitude and set a good example.
- At the discretion of the Library staff, I may be asked to stop volunteering if I fail to follow these guidelines or if I have repeated call-outs or no-shows.

Thank you for taking the time to fill out this application. We are pleased that you are interested in volunteering with us. When you sign below, you are stating that the information you have provided is true, and that you understand and accept our guidelines for volunteering. Your volunteer supervisor will explain your specific assignments in detail on your first day.

Volunteer's Signature				
Date				
Parent or Legal Guardian's Signature				
Date				
FOR STAFF USE ONLY (Below)				

Date received Staff initials and branch References: 1 2