

# Teen Volunteer Application

(Ages 12-15)

Date \_\_\_\_\_

## General Information

Last Name	First Name	MI
Address		
Home Phone	Cell	Email
Emergency Contact		Phone

## Volunteer Experience and Skills

What skills or experiences do you have that would be beneficial as a library volunteer?

Why would you like to volunteer at the Oconomowoc Public Library?

## Schedule

Please check the times you would be available to volunteer

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

How many hours are you available to work each week? \_\_\_\_\_ Each month? \_\_\_\_\_

Additional comments:

## Volunteer Opportunities

Please check areas of interest (Note: Opportunities are subject to availability and library need)

- Program assistance**  
Assist with activities, preparation, cleanup, and room monitoring during children's programs as needed
- Special projects**  
Assist staff with short-term projects as needed

## References

**Please provide contact information for someone who will recommend that you will be a good volunteer. Your reference must be over 18 years old and not a member of your family.**

Name	Relationship	Phone
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In signing this form, I acknowledge that my services for the library are free and are intended as a contribution of public service for the library, its patrons, and the community. I agree to abide by all the rules of conduct governing the staff of the library in performing my services. As a volunteer, I hereby acknowledge that I will perform my services in good faith and to the best of my ability under the general guidelines provided.

I confirm that I am under 16 years old and understand my eligibility as a volunteer is contingent upon the availability of work. I will commit to volunteering for a minimum of six months and will notify the volunteer coordinator should I decide to stop volunteering after the initial period. If I cannot work an assigned shift, I will notify the volunteer coordinator as soon as possible.

The Oconomowoc Public Library appreciates your willingness to volunteer your services to assist the library, its patrons and the community. Personal information collected for these purposes will only be used internally at the library and will only be disclosed to you, except if the law requires disclosure to a third party. Files are kept one year from the date of inactivity.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Please return this application to the Circulation Desk at the Oconomowoc Public Library. Questions may be directed to Jennie Fidler, Special Services Coordinator, at (262) 569-2193 x206 or [jfidler@cooney.lib.wi.us](mailto:jfidler@cooney.lib.wi.us).