Teen Volunteer Application

All applicants must hand-deliver this application to the Teens Department, located on the 3rd Floor of the Main Library (11 S. Broad St. Elizabeth, NJ 07202).

The Board of Trustees of Elizabeth Public Library encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you. Volunteers under the age of 18 will be assigned to the Children’s or Teens Departments. Priority will be given to students in grades 9-12 who either attend school or reside in the city of Elizabeth.

Thank you for your interest in assisting the library.

Name: ________________________________  Under 18?  Yes ___  No ___  Vaccinated  Yes ___  No ___

Address: ______________________________

City: _______ State: _______ Zip: ______________

Phone: ___________________ Email: ___________________

School: ___________________ Grade: _______

Any special talents or skills you have that you feel would benefit the library:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Although training will be provided, please list any other organizations you have served:

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<th>Date (Year)</th>
<th>Organization</th>
<th>Supervisor</th>
<th>Contact Information</th>
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All Teen Volunteers will be expected to serve a minimum of 10 hours to receive community services hours for school, church, etc. Please indicate the days/time that you are available:

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<th>Days/Hours</th>
<th>MON</th>
<th>TUE</th>
<th>WED</th>
<th>THU</th>
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Any physical limitations? __________________________________________________________

In case of emergency contact: _______________________________________________________

Have you been convicted of a crime within the past seven years? __________
If yes, please explain:

__________________________________________________________________________
__________________________________________________________________________

__________________________________________________________________________

As a volunteer of our organization, I agree to abide by library policies and procedures. I understand that I will be volunteering at my own risk and that and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for accident, injury, or health problem which may arise from volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature: ___________________________ Date: ______________________

For Staff Use Only:

Date received: ________  Date processed: ________  Action Taken: ________  Initials: ________