

SJPL STAFF ONLY:

Date Received: _____

Staff Initials: _____

PLEASE FORWARD TO YOUTH SERVICES DEPARTMENT

**East Hills Library
Application for Teen Volunteer**

NAME: _____ **AGE:** _____

ADDRESS: _____

CITY: _____ **ZIP:** _____ **PHONE:** _____

EMAIL: _____ **SCHOOL:** _____

PARENT NAME: _____ **PARENT PHONE:** _____

I give permission for my son/daughter to volunteer at SJPL. I will not hold the library responsible for any injury or illness that may occur while my child is volunteering.

PARENT SIGNATURE: _____ **DATE:** _____

Volunteer Questionnaire

Please answer the following questions honestly. This will help us match our volunteers to programs and tasks for which they would be best suited.

Please check any statements that apply to you:

- | | |
|--|---|
| <input type="checkbox"/> I am creative | <input type="checkbox"/> I like to work with children |
| <input type="checkbox"/> I like to do craft projects | <input type="checkbox"/> I follow directions well |
| <input type="checkbox"/> I am outgoing | <input type="checkbox"/> I have experience taking photos |
| <input type="checkbox"/> I am quiet/shy | <input type="checkbox"/> I pay attention to details |
| <input type="checkbox"/> I am friendly | <input type="checkbox"/> I know my way around the library |
| <input type="checkbox"/> I know how to use the library catalog | <input type="checkbox"/> I like things neat and tidy |
| <input type="checkbox"/> I like to draw/color/paint | <input type="checkbox"/> I need to keep busy all the time |
| <input type="checkbox"/> I get bored easily | <input type="checkbox"/> I am always coming up with new ideas |
| <input type="checkbox"/> I finish everything that I start | <input type="checkbox"/> I like to act/perform |

What kind of books do you like? _____

What other interests/hobbies do you have? _____

What extracurricular activities (sports, clubs, etc.) are you involved in? _____

Have you volunteered at the St. Joseph Public Library before? Yes No

Do you have any other volunteer or job experience? _____

Why do you want to volunteer at the St. Joseph Public Library? _____

Volunteer Schedule

If there are specific dates/times that you know you will not be able to volunteer (vacations, camps, lessons, etc.), please write those below.

If there are specific days and times that you are available to work, please write them below.

Is there anything else you would like to tell us?

What is the preferred form of contact for job notification?

Text

Email

Phone

Owl Postal Service (Currently Unavailable)

Facebook

Remind.com



St. Joseph Public Library
East Hills Library
502 N. Woodbine Rd.
236-2136