

Rockport Public Library Teen Volunteer Application

Preferred Name: _____

Birthdate: _____

Address: _____

Town, Zip: _____

Teen Phone (circle one): Cell Home Other

Teen Email (please no school emails):

School : _____

Grade: _____

Emergency Contact (EC): _____

Relationship: _____

EC Phone (circle one): Cell Home Work

EC Email: _____

Alt. Phone: _____

Any other information we should know about you? Allergies, etc...

Check all positions of interest (training is required for these positions):

_____ Collections: assist with shelving, shelf-reading and reorganization, maintenance of our puzzles and DVD/Audiobooks, and weeding

_____ Programs: assist with children's and tween program and handcraft prep, large children's events, and creating passive activities within the library, like coloring pages and interactive window/table displays

_____ Communications/Research: assist with creating regular book displays in the children's and teen rooms, booklists for the library's website and teen room, and conducting a diversity audit of the children's and teen collections

Rockport Public Library Teen Volunteer Application

Rockport Public Library is open Monday-Friday 9-5:30, Wednesday 11-8, and Saturday 9-5:30. Teen volunteers will only be scheduled during the library's open hours.

Please list times you are available to volunteer (write in at least 3 time ranges):

If my application is accepted, I agree to commit to a regular volunteer schedule. I understand that if I cannot make an assigned volunteer day or time I will contact the library at (207)-236-3642. I also understand that if for any reason things do not work out, Rockport Public Library Library reserves the right to end this service.

Teen Volunteer Signature: _____

Date: _____

I give my permission for my child to volunteer at the Rockport Public Library.

Parent/Guardian Name: _____

Date: _____

Parent/Guardian Signature:
