



Tom Green County Public Library

San Angelo, Texas

VOLUNTEER APPLICATION FOR HIGH SCHOOL STUDENTS

Volunteer Services Program * 113 West Beauregard * San Angelo, Texas 76903 * 325-949-2951 * FAX: 325-655-4027

Teens must be at least 14 years old to be considered for volunteer openings at the Tom Green County Library.

Tell us about yourself:

Name: _____

Date of Birth: _____

Address: _____

Gender: Male Female

City: _____ Zip: _____

Home Phone: _____

Wireless Phone: _____

E-mail Address: _____

Emergency Contact: _____

Relationship: _____

Telephone: _____

Where do you attend high school? _____ Grade Level: _____

Why do you want to volunteer at the Tom Green County Library? _____

What are your interests and skills? _____

KNOWLEDGE OF FOREIGN LANGUAGES			
Please indicate your skill level as follows: B = Basic I = Intermediate F = Fluent N = No Ability			
Language	Speak	Read	Write

What are your volunteer service interests?

Write Teen Book Reviews

Promote the Summer Reading Program
Register kids, distribute stickers and prizes

Design Posters and Displays
To promote reading programs for teens

Clerical Projects
Label paperback books, pack donated books, etc.

Special Events for Teens
Help librarians host events for teens

Serve on Teen Advisory Board
For programs and purchases

Other Project: (please specify)

When can you volunteer?

Monday _____ Thursday _____

Tuesday _____ Friday _____

Wednesday _____ Saturday _____

Best time of day: Morning Afternoon Evening

Where would you like to be assigned? Branch: _____ Main Library

How long do you plan to serve as a volunteer for the Library? _____

Within the last seven years, have you been convicted of a crime? Yes No

If YES, please state the date, place and nature of the offense(s).

Confidentiality Agreement:

I understand that it is the policy of the Tom Green County Library to protect the privacy of those who use the Library. I agree to hold all information about patrons in complete confidence. In addition, I understand that a breach of confidentiality is grounds for dismissal from the Library's Volunteer Services Program.

Applicant Signature _____ **Date** _____

Signature of Parent or Guardian _____

<p>FOR LIBRARY STAFF USE:</p> <p>PLACEMENT: Location: _____ Position: _____ Date: _____</p> <p>SUPERVISOR: _____</p> <p>COMMENTS: _____</p> <p>DATE RESIGNED: _____</p>
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