

Goodnow Teen Summer Volunteer Application

(Must be returned by Friday, May 25, 2018)



Personal Information

Name: _____

Address: _____

Email: _____ Phone: _____

****Most communication will be done via email. Please check your email regularly.****

Birth Date: _____ (you must be at least 13 years old to volunteer) Grade entering fall 2018: _____

School: _____

Additional Information

Describe any previous volunteer experience you have had:	
Describe any paid work experience you have had:	
Please list any experience you've had with children:	
What extra-curricular activities do you enjoy?	
What else will you be doing this summer?	
Why do you want to volunteer at the library?	

Availability during the Summer: (weekday library hours: Mon.-Thurs. 9am-9pm; Fri. 9am-5pm)

Please indicate the hours that you are available during these times; example: 2-4 pm in afternoon slot on Mon.

	Morning (9am-noon)	Afternoon (noon-5pm)	Evening (5pm-9pm)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Please check the weeks that you are **not available** to work this summer:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> June 18-22 | <input type="checkbox"/> July 23-27 |
| <input type="checkbox"/> June 25-July 29 | <input type="checkbox"/> Jul 30-Aug 3 |
| <input type="checkbox"/> July 2-6 | <input type="checkbox"/> Aug. 6-10 |
| <input type="checkbox"/> July 9-13 | <input type="checkbox"/> Aug. 13-17 |
| <input type="checkbox"/> July 16-20 | <input type="checkbox"/> Aug. 20-24 |

Availability for Special Summer Events:

Day	Event	Hours available
Tuesday, June 26: 9-12 PM	Teddy Bear Picnic	
Thursday, June 28, 4:30-9:30 PM	Campfire Sing-a-long	
Wednesday, July 11: 9-2 PM	Truck Day	
Tuesday, July 17: 3-9 PM	Stuffed Animal Sleepover	
Thursday, August 9: 4-8 PM	End of Summer Party	

Interviews and Training

All **new** volunteers will be interviewed prior to being accepted as a member of the Goodnow Summer Volunteer Team. We will contact you via email to set up an interview time.

Please indicate if you are a new or returning volunteer: New _____ Returning _____

Training is MANDATORY for all volunteers helping in the Children’s Room. Please check off which trainings you can attend and you will be contacted with a time slot.

- | | | | |
|-------------------|---|---------------------------------------|---------------------------------------|
| Saturday, June 2: | 11:45-12:30 PM <input type="checkbox"/> | 1:00-1:45 PM <input type="checkbox"/> | 2:00-2:45 PM <input type="checkbox"/> |
| Saturday, June 9: | 11:45-12:30 PM <input type="checkbox"/> | 1:00-1:45 PM <input type="checkbox"/> | 2:00-2:45 PM <input type="checkbox"/> |

Emergency Contact and Signature

Person to contact in case of an emergency:

Contact Name: _____ Relationship: _____

Phone #: _____ Alternate Phone #: _____

Your Signature: _____ Date: __ / __ / ____

Parent/Guardian Signature: _____ Date: __ / __ / ____