

Teen Volunteer Application

Online Registration

All applicants must register online @ www.sclibs.net.

Thank you for your interest in volunteering with the Sarasota County Library System. If you have questions regarding the online registration process or the teen volunteer program, visit your local library and speak with the **Teen Volunteer Coordinator**.

Please complete the following information before meeting with the Teen Volunteer Coordinator.

Applicant Information

Name:	Date:
Age:	Birth Date:
School:	Grade:
SS # (last 4 digits only):	

Contact Information

Home Address		
Street:		
City:	State:	Zip code:
Home Phone:		
Cell Phone:		
E-Mail Address:		

Availability

During which hours are you available for volunteer assignments?

- | | | |
|--|---|------------------------|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Year-round | # Hours as a Time ____ |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Partial Year (Circle Months) | # Hours per Week: ____ |
| <input type="checkbox"/> Weekday evenings | Jan Feb March
April May June
July Aug Sept
Oct Nov Dec | |
| <input type="checkbox"/> Saturday mornings | | |
| <input type="checkbox"/> Saturday afternoons | | |

Areas of Interests

What type of work are you most interested in?

- | | |
|---|--|
| <input type="checkbox"/> Shelving materials
<input type="checkbox"/> Participating on advisory board
<input type="checkbox"/> Web Advising
<input type="checkbox"/> Assisting in teen programs
<input type="checkbox"/> Marketing & promoting
<input type="checkbox"/> Assisting @ service desks | <input type="checkbox"/> Designing displays
<input type="checkbox"/> Preparing craft & program materials
<input type="checkbox"/> Assisting in children's programs
<input type="checkbox"/> Planning & participating in special events
<input type="checkbox"/> Helping customers with computers
<input type="checkbox"/> Other _____ |
|---|--|

Skills or Experience

Library Skills or Experience:

Technology Skills:

Talent/Hobbies:

Languages:

Person to Notify in Case of Emergency

Name:	
Relationship To You:	
Telephone:	

Agreement and Signature

If I become a Library Volunteer, I will abide by all Library rules, regulations, and procedures as established by State and federal Laws, Sarasota County Government policies and Library Profession guidelines.

Name (printed)	
Signature	
Date	