



St. Joseph Public Library

East Hills Library
Summer Reading Program
Teen Volunteer Application



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: _____

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

Below are the days and times available for volunteers to work the Summer Reading Program table. Please indicate when you are able to help on a regular basis (meaning you can cover this day/time for 5+ weeks throughout the Summer Reading Program).

- The Summer Reading Program runs from Friday, June 1st – Wednesday, August 1st.
- The library will be closed on Wednesday, July 4th.

X Please check off any of the shifts that would work for you on a regular basis.

X * For any strongly preferred shifts, please put a star/asterisk next to the check.

	SUN	MON	TUE	WED	THU	FRI	SAT
9AM - 11AM							
11AM - 1PM							
1PM - 3PM							
3PM - 5PM							
5PM - 8PM							

Total number of shifts you would like to work per week (0-6):

Did a friend also apply? If you would wish to be scheduled with them, please list their name:

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 that are not listed above, please write them below. (For example, if you can work 10:30 to 2:30 on Tuesdays but not 9 to Noon.)

All volunteers must attend an orientation/training session at the East Hills Library.

Please circle the training you wish to attend:

Tuesday, May 29 @ 5:30PM

Wednesday, May 30 @ 10AM

