



# Teen Volunteer Application

500 N. Market St Berwick, PA 18603

(570) 752-2241 ext. 203

Fax: (570) 752-8893

Hours: Mon - Tues 10am - 8pm • Wed - Fri 10am - 6pm

Sat 9am - 4pm (September-June) • Sat 10am - 2pm (July- August)

Thank you for your interest in becoming a McBride Memorial Library Volunteer. The Library appreciates volunteers who donate their time and skills in support of the library. Volunteers assist with fundraising events, day-to-day tasks, special events, children and adult programs, and numerous other activities and tasks. Volunteers, with their time and effort, help to keep the library growing and improving to better serve our communities.

Teens must be at least 13 years old and enrolled in high school to be considered for volunteer opportunities at the Library

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Where Do You Attend School? \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency Contact (if needed, will contact after parent/guardian above):

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Please indicate any disabilities, allergies, and/or accommodations that you may require:

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Within the last seven years, have you been convicted of a crime?

 NO YES

If YES, please explain:

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Why do you want to volunteer at McBride Memorial Library?

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How long do you plan to serve as a volunteer for the library? How many hours do you need?

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**What are your volunteer interests and skills?**

**Computer Work**  
Data entry, digital photography

**Clerical Projects**  
Label books, pack books

**Design Posters and Displays**  
To promote reading programs

**Simple Mending Services**  
Clean & repair books/media

**Customer Service**  
Circulation services

**Special Events**  
Help put together and host events for teens and young children

**Shelving and Stack Maintenance**

**Write Reviews of Books for Teens**

**Other (please list special talents and skills including art, music, languages, etc.):**

**When can you volunteer?** Please check mark the times and dates you are available. Write in half hours start/end times, e.g. 3:30-4:00.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9am - 10am*						
10am - 11am						
11am - 12pm						
12pm - 1pm						
1pm - 2pm						
2pm - 3pm						
3pm - 4pm						
4pm - 5pm						
5pm - 6pm						
6pm - 7pm**						
7pm - 8pm**						

\*Saturday only

\*\*Monday and Tuesday only

**Confidentiality Agreement:**

I understand that it is the policy of the McBride Memorial 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 Program.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Library Staff:

Date received \_\_\_\_\_ Initials \_\_\_\_\_ Please return to the Administrative Services Coordinator