



# Tom Green County Public Library

San Angelo, Texas

## VOLUNTEER APPLICATION FOR MINORS

Volunteer Services Program \* 33 West Beauregard \* San Angelo, Texas 76903 \* 325-657-8002 \* FAX: 325-659-4027

*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: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

E-mail Address: \_\_\_\_\_

Preferred Method of Contact:  Email  Phone

If in school, 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? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are some of your favorite books, stories, and/or movies?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any awards, scholarships, clubs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: _____
Relationship: _____
Telephone: _____

<b>KNOWLEDGE OF FOREIGN LANGUAGES</b>			
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**
- Design Posters and Displays**  
To promote reading programs for teens
- Special Events for Teens**  
Help librarians host events for teens
- Other Project:** (please specify)  
\_\_\_\_\_
- Promote the Summer Reading Program**  
Register kids, distribute stickers and prizes
- Clerical Projects**  
Label paperback books, pack donated books, etc.
- Serve on Teen Advisory Board**  
For programs and purchases

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