



# The Blythe Library Teen Volunteer Application

(Volunteers must be at least 16 years of age)

Name and Address Fields with an asterisk (\*) are required.

First Name: \_\_\_\_\_ \* Last Name: \_\_\_\_\_ \*

Street Address: \_\_\_\_\_ \* City: \_\_\_\_\_ \* Zip: \_\_\_\_\_ \*

Home Phone\*: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ \*

Email Address\*: \_\_\_\_\_

Parent/Guardian Contact Information (This will also be your emergency contact)

First Name: \_\_\_\_\_ \* Last Name: \_\_\_\_\_ \*

Contact Number: \_\_\_\_\_ \* Relationship: \_\_\_\_\_ \*

Availability

If you are applying for the Library's Ongoing Volunteer Program, please indicate the days and times you are usually available to volunteer. Checking these boxes does not commit you to those shifts; it only indicates your availability.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:30-10:00						
10:00-2:00						
2:00-5:00						
5:00-8:00						

We are currently open Tuesday & Thursday 2-8 and the 1<sup>st</sup> Saturday of the month, 9-2. We would like to open additional days if we have enough volunteer support. If there are additional times you are willing to volunteer, please indicate days and times.

Training, Skills, Volunteer Experience

Do you have any particular training, skills, or volunteer experience you'd like to share?

# VOLUNTEER OPPORTUNITIES

Please let us know what you would be interested in doing for the Library by checking the appropriate boxes below.

	<u>Circulation</u> : Check-out & Check-in books and materials for patrons		<u>Computer Instruction</u> : Facilitate computer classes for adult & senior patrons.
	<u>ESOL Tutor</u> : Facilitate small groups of adults (or children) to improve English Literacy		<u>Read to Succeed</u> : Provide after school tutoring in reading for first thru third graders.
	<u>Kids programs</u> : Storytime and craft activities for toddler thru elementary aged children		<u>Used Book Sale</u> : Help generate funds for the library by sorting and maintaining the used book shelves.
	<u>Special Events</u> : Promote the library within our community		<u>Friends of the Library</u> : Committee members assisting with fundraising

## Hobbies and Interests

Do you have any hobbies or interests you'd like to share?

## VOLUNTEER AGREEMENT

I understand that as a volunteer for the City of Blythe Library, I am required to submit my background check, marked "work with children" to City Hall, along with this application, as well as a personal reference from teacher, counselor, pastor, employer, etc. The attached written reference must be mailed directly from reference. I agree to comply with the Blythe Library volunteer procedures to the best of my ability. I agree to respect the confidential nature of information I may obtain. I agree to participate in orientation and training as required by my assignment.

**PARTICIPANT WAIVER:** Waiver must be completed prior to participation in any volunteer activity. Participant has elected to take part in certain library and/or recreational activities. In consideration for and as a condition of such participation, participant agrees to assume all risks incidental to such participation and agrees to hold the City of Blythe and employees harmless from all suits, claims, or demands of every kind and character arising out of or in connection with the undersigned as participant in said volunteer program. Participant further releases the City of Blythe and employees, from all suits, claims or demands of every kind and character that participant's successors or assigns shall or may have arising out of or by reason or in connection with the course of instruction and/or activities contemplated in the program. Participant represents that participant is in good physical condition and physically fit to participate in the program.

Applicant's Signature: \_\_\_\_\_ \* Date: \_\_\_\_\_ \*

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