

Teen Volunteer Application

***Accepting applications for volunteers for the Fall. Fill this out and email it to eraymond@nhfpl.org.
The teen librarian will be in touch in August for an interview.***

CONTACT INFORMATION

Name: _____ Date: _____
Address: _____ City: _____ Zip: _____
Phone: _____ Email: _____
Date of Birth: _____ Languages spoken: _____

EMERGENCY CONTACT NAME: _____ PHONE: _____

RELATIONSHIP: _____

EDUCATIONAL BACKGROUND:

High School: _____ Graduation Year _____

Total Number of Hours Needed for Graduation and/or Scholarship Requirement _____

WORK and VOLUNTEER HISTORY

Are you currently employed? YES / NO

List previous work or volunteer experiences and your responsibilities:

TELL US ABOUT YOURSELF

SKILLS and Hobbies

Computer Software & Technology:

Arts and Crafts:

Working with People (ex. Babysitting, volunteering at events, customer service exp.): _____

What age groups are you willing to work with?

- | | |
|--|---|
| <input type="checkbox"/> Young Children (0-5) | <input type="checkbox"/> Teens (13-18) |
| <input type="checkbox"/> Older Children (5-10) | <input type="checkbox"/> Adults (19 and up) |
| <input type="checkbox"/> Tweens (10-12) | <input type="checkbox"/> NONE |

What are your **hobbies, interests**, what do you do for **fun**?

Please list if you are interested in any of the following:

- STEAM Activities (Science, Technology, Engineering, Art and Math)
- Computer Software (GarageBand, Photoshop, Excel, etc)
- Organization
- Data Entry
- Reading/Writing
- Working with People
- Other:

Do you participate in any regular activities that may conflict with volunteering (for example, sports, tutoring, other volunteering, jobs, etc.)? If YES, please explain:

What is the **best time** for you to volunteer?

- | | | |
|-----------|----------------------|---------------------|
| Monday | (open from 10am-8pm) | From _____ to _____ |
| Tuesday | (open from 10pm-8pm) | From _____ to _____ |
| Wednesday | (open from 10am-8pm) | From _____ to _____ |
| Thursday | (open from 10am-8pm) | From _____ to _____ |
| Friday | (open from 10am-5pm) | From _____ to _____ |
| Saturday* | (open from 10am-5pm) | From _____ to _____ |

***Saturdays are only available at the discretion of the Teen Volunteer Coordinator**

Will you be able to arrive on time to all scheduled shifts? Do you have reliable transportation?

All volunteers MUST BE FULLY VACCINATED AND BOOSTED to volunteer at any City of New Haven Department including the New Haven Free Public Library. You must show proof of vaccination on your first day.

I, _____ certify that I am fully vaccinated and boosted and can show proof of vaccination by the first date of my volunteer shift at the New Haven Free Public Library.

I, _____ certify that all the above information is true to my best knowledge.

Signature _____ Date _____

