

VolunTEEN Application

Teens must be between the ages of 13-17 to participate in the VolunTEEN program.



josephinelibrary.org
info@josephinelibrary.org

Personal Information

Full Name: Date of birth:

Address:

Email: Phone:

Emergency Contacts

Full Name:

Phone: Relation:

Full Name:

Phone: Relation:

Availability and Areas of Interest *(check all that apply)*

Library branch	Availability
	Tue Wed Thu Fri Sat
<input type="checkbox"/> Grants Pass Tue-Sat	
<input type="checkbox"/> Illinois Valley Wed-Sat	Mornings <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Williams Tue, Wed, Fri, Sat	Afternoons <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Wolf Creek Wed, Fri, Sat	Evenings <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

I am interested in:

- Children's library** help families and youth find books, support crafts and activities
- Shelving** return books to their homes on the shelves
- Technical services/cataloging** help process materials using computers
- Communications** social media and website updates, bulletin boards (requires computer skills).
- Special events/outreach** tabling at community events with library staff

Please list any languages you speak other than English:

Acknowledgement of Patron Confidentiality

I understand that library patron and volunteer personal and library-usage records are private and confidential. If I have access to such records, I will not share the information contained therein with anyone. Disclosing patron information is a serious offense and will result in my dismissal.

By submitting this form, I consent to this information being shared with the Josephine Community Library Foundation.

VolunTEEN Name

Signature

Date

Please contact the Volunteer Coordinator at 541-476-0571 ext. 111 with any questions.

**This volunteer is age 13-17 and has my permission to
volunteer for Josephine Community Library District.**

Parent/Guardian Name

Signature

Date