



For Library Use Only
Admin Copy _____
Interview/Orientation _____
Reference Letter _____
CORI Check _____

Acton Memorial Library Teen Volunteer Application

Name: _____ Today's Date: _____

Library Barcode Number (Optional): _____

Address: _____

Phone Number: _____ School: _____

Email Address: _____ Age: _____ Grade (*entering this fall*): _____

Emergency Contact (**Name & Number**): _____

Number of Hours Needed: _____ Need to Complete Hours by: _____

Days Available: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____
Saturdays _____
Month/Year

Languages You Can Read: _____ Languages Spoken: _____

Why do you want to volunteer at the library? _____

Volunteer/Work Experience (where, for how long, and what did you do?): _____

We are required to conduct CORI (Criminal Offender Record Information) checks on all Teen Advisory Group (TAG) volunteers, regardless of age. TAG volunteers will be given a separate CORI form requiring date of birth and the last six digits of their social security number.

I understand the responsibilities, duties, and work schedule of this position, and have reviewed the Library's Volunteer Policy. I am offering my services as a volunteer. I am at least 14 years old.

Signature of Applicant: _____ Date: _____

Staff Use Only: ML _____ CL _____ Staff Initials: _____

Acton Memorial Library Volunteer Code of Conduct

1. Arrive on time for your volunteer shift. Staff will be here and relying on you for assignments.
2. If you can't come for one of your volunteer shifts, please call your supervisor as soon as possible.
3. Dress appropriately: clean and neat. Follow school rules for clothing and you will be fine.
4. The library expects professional conduct at all times both on and off the clock.

Teen signature: _____

Photography Release/General Photography Release

The Acton Memorial Library may publish in any format, including print or online, photographs taken of me or my minor child(ren) at the Acton Memorial Library on this date: _____.

Parental Permission

If you are under 18, please have a parent/legal guardian sign the following permission form:

I(print) _____, parent/legal guardian, grant permission for

(print) _____ to volunteer at the Acton Memorial Library.

Parent/Guardian's signature: _____ Date: _____

Phone number: _____

Email address: _____