Johnson City Public Library
Teen Volunteer Application

Name:
Address:

Phone:
Email Address:
School:
Birthdate: Grade:

Please answer the following questions to help us find the best place for you to volunteer at the library.

1. Which teen volunteer opportunities are you interested in? (Circle all that apply):
   - Youth Services
   - Adult Services/Reference
   - Technical Services
   - Teen Advisory Board (TAB)
   - Stories to Service
   - Gardening

2. Are you required to fulfill a specific number of volunteer hours?   Yes   No
   If yes, how many:   By when:   Required by:

3. Do you have experience with children or library information?   Yes/No
   If so, where?

4. Please list your other volunteer experience (if any), most recent dates and places first:

5. How did you hear about the Volunteer program?
6. Please list two (2) adult references (other than relatives):

Name:  
Phone:  
Name:  
Phone:

7. Please tell us why you are interested in volunteering at the library.

We fill volunteer positions as they become available. Our Teen Volunteers in Youth Services, Adult Services, and Technical Services commit to a regular shift. This may be once a week or every other week but must be at the same time each week.

We will hold volunteer applications for one calendar year and fill vacated positions from our selection by order in which they were received and availability. Please note what times of each day you would be available to volunteer.

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Thank you for applying for JCPL’s teen volunteer program! Once you have finished this application, please either scan and e-mail it to Katelyn Wolfe at katelyn.wolfe@jcpl.net or return it to the Information Desk on the second floor. Once your application has been reviewed, we will contact you to set up a volunteer meeting.

Questions? Please contact:
Katelyn Wolfe, Teen Services Manager
katelyn.wolfe@jcpl.net
423-434-4349
Parent/Guardian Information

If you are under 18, please ask your parent/guardian to fill out this page for our records.

Emergency Contact Information: (For your child’s protection, please give us a first contact and a backup contact, in case there is trouble reaching the pertinent party.)

1. Name:
   Phone Number:
   Relationship:

2. Name:
   Phone Number:
   Relationship:

Parental Consent:
I consent to allow my child, ____________________________, to participate in the Johnson City Public Library Volunteer Program. I understand that JCPL cannot provide transportation to or from the library and is not responsible for constant supervision of my child.

Signature: ____________________________ Date: ____________________________