



## Application for Teen Volunteers

This application is intended to indicate the importance with which we treat our volunteers and the volunteer program and the high standards to which we hold our volunteers in order to make your time and our time productive and meaningful.

Thank you for your interest in becoming a Teen Volunteer for the Library! We may have more applicants than volunteer slots available, so please try again next year if you aren't selected this year. Applicants will be asked to complete a brief phone interview, and then attend an hour training session before you start (**Thursday November 4<sup>th</sup> at 4:30 PM or Saturday November 6<sup>th</sup> at 1:00 PM**). If you have questions or concerns, please contact [jistolz@urbandale.org](mailto:jistolz@urbandale.org).

**Age Requirements:** All applicants must be between the ages of 12 and 17.

### Applicant Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ May we text you at the above number? YES NO

### Emergency Contact Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### Availability / Responsibilities:

Volunteers must be able to volunteer at least 6 hours every quarter (November - January; February - April) to be considered active volunteers. *Can you do this?* (circle one) YES NO  
If not, which quarter is a problem for you?

\_\_\_\_\_  
You are responsible for signing up for shifts that will work for you. All volunteers will receive email or text through a service called Remind at least once a month to alert them of upcoming volunteer opportunities. *Are you willing to download the Remind application for communicating with the library?* YES NO

*Do you have a method of transportation to get to your shifts?* (circle one) YES NO

1. *Why do you want to volunteer at the Urbandale Public Library?*

\_\_\_\_\_  
\_\_\_\_\_



2. Do you have any previous volunteer or work experience? If so, please describe:

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Have you reviewed the Teen Volunteer Duties and Expectations?      YES      NO

**Submitting this application does not guarantee you a spot on our volunteer team.** We will give preferential consideration to applications received first. Phone interviews will be held on a rolling basis.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*Please Note: Applicants ages 16 and 17 will also complete a confidential background check release*

**Parental Consent:**

**My signature below affirms that my child, \_\_\_\_\_ has permission to volunteer at UPL during the 2021 -2022 school year. We have reviewed the Teen Volunteer Duties and Expectations, and my child has reliable transportation to get to their assigned shifts.**

Parent's Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Photography and Videography Consent (Optional):

I grant permission to the Urbandale Public Library to the rights of my image as photographed or videotaped without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and I waive the right to inspect or approve the finished product where my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image. These photographs and/or videos may be used in publications, including electronic publications, or in audiovisual presentations, promotional literature, advertising, or in other similar ways.

Parent's Signature \_\_\_\_\_ Child's Name \_\_\_\_\_

**Please return this form to the library in an envelope marked "Teen Volunteer Application, Attn: Jacque Stolz" or email it to [jstolz@urbandale.org](mailto:jstolz@urbandale.org)**