



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. Please read the information here carefully. Application is due 9/11 by midnight. Orientations are 10/1 @ 4:30 PM & 10/3 @ 1:00 PM.

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.** **Submitting this application does not guarantee you a spot on our volunteer team, nor does having volunteered here previously.** We will consider the answers given during the phone interview, as well as your attitude and actions during previous shifts (for returning volunteers).

Applicants who have not volunteered here before will be required to complete a brief phone interview, and **anyone who has not volunteered during the school year must attend an hour training session before you begin volunteering.**

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 ____/____/____

Emergency Contact Information:

Last Name _____ First Name _____

Relationship _____ Phone _____

Availability / Responsibilities:

Volunteers must be able to complete at least 6 volunteer hours per quarter (October-December & January-March). **Do you believe that your schedule will allow for this? (check one):** ☐ YES ☐ NO

You are responsible for signing up for shifts that will work for you. All volunteers will receive messages through a service called Remind (www.remind.com/join/beack7) at least once a month to alert them of upcoming volunteer opportunities.

Are you willing to download the Remind application on a phone or computer for communicating with the library? (check one): ☐ YES ☐ NO

Do you have a method of transportation to get to your shifts? (check one): ☐ YES ☐ NO

Why do you want to volunteer at the Urbandale Public Library? _____

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

Have you read the Teen Volunteer Duties and Expectations? (check one): ☐ YES ☐ NO

New volunteers: Which weekdays (Mon-Fri) and times are good to call you for a short (approximately 10-15 minutes) phone interview between September 14-18? (Please list a few options so we can find a time that works for both of our schedules.)

Applicant Signature _____ **Date** _____ / _____ / _____

Parental Consent:

My signature below affirms that my teen, _____ has permission to volunteer at UPL during the 2026-2027 school year. **We have read the Teen Volunteer Duties and Expectations**, and my teen 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 _____ Teen's Name _____

Please return this form to the library in an envelope marked "Teen Volunteer Application" or email it to jstolz@urbandale.org

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