

Hauppauge Public Library **Teen Volunteer Application (Grades 6-12)**

Please return application to: Hauppauge Public Library (Attention: Catherine Berntsen, Head of Teens' Curriculum)

1373 Veterans Memorial Highway, Suite 1, Hauppauge, NY 11788

PERSONAL INFORMATION

Name _____ Grade _____

Email _____

Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Telephone (Home) _____ Telephone (Cell) _____

In case of emergency, notify: _____

Telephone _____ Relationship _____

Please list any exceptions to the list of days/times you've checked off, such as activities that are will get in the way on a limited basis. (For example: I'm not good for Tuesday nights unless there is a school vacation, etc.)

Please check all the days and times you are usually available to volunteer:

Monday Morning (10am-12pm) Afternoon (12pm-4pm) Evening (4pm-7pm)

Tuesday Morning (10am-12pm) Afternoon (12pm-4pm) Evening (4pm-7pm)

Wednesday Morning (10am-12pm) Afternoon (12pm-4pm) Evening (4pm-7pm)

Thursday Morning (10am-12pm) Afternoon (12pm-4pm) Evening (4pm-7pm)

Friday Morning (10am-12pm) Afternoon (12pm-4pm) Evening (4pm-7pm)

Saturday Morning (10am-12pm) Afternoon (12pm-4pm) *Library not open Saturday nights

Sunday *Library not open Sunday mornings Afternoon (12pm-4pm) *Library not open Sunday nights

Duration of the volunteer work? Short-term (one semester or less) Long-term (school year) Summer Only

REASONS FOR VOLUNTEERING

Do you need to complete community service for school? Yes No (If yes, answer the questions below)

Number of hours you need to complete _____ Deadline Date _____

Class or club are you completing these hours for _____

Teacher/Advisor's Name _____ Name of school _____

Do you need to complete community service for another reason, other than a school-related requirement? Yes No

If yes, number of hours you need to complete _____ Deadline Date _____

Organization you are completing these hours for _____

Contact Name _____ Contact number _____

PLEASE CONTINUE TO THE NEXT PAGE

TERMS AND CONDITIONS

I authorize the Hauppauge Public Library to make inquiries as to my experience and character, and to certify that all statements made on this application are true.

I understand that the Hauppauge Public Library is counting on my services. If I fail to appear for assigned work days without prior arrangement with my supervisor, or if my work or the volunteer arrangement is unsatisfactory in any way, I understand that my volunteer service may be terminated.

I understand that the number of hours I requested on this application are not guaranteed to be fulfilled with this application. Duties and tasks may not always be available or needed by the Library, or may be filled at the moment. It is a good idea to always have alternative plans to obtain necessary volunteer credit.

I agree that I will not disclose any information relating to library guests, library business operations, or library personnel gathered or heard officially or unofficially in the course of my volunteer service. I understand that such information is strictly confidential.

I understand that there is no monetary compensation for volunteer services at the Hauppauge Public Library.

Student Signature: _____ Date: _____

We will be in touch with you to schedule a meeting so we can discuss your interests further. Thank you!

PARENT/GUARDIAN CONSENT (for all volunteers under age 18)

I give permission for the above applicant to volunteer at the Hauppauge Public Library for:

a maximum of _____ hours per day* and/or a maximum of _____ hours per week*

*These are just general guidelines for scheduling purposes, not a guarantee of hours.

Name: _____ Telephone number: _____

Signature of Parent or Guardian: _____

VOLUNTEER SUPERVISOR USE ONLY

Interview Date: _____ Interviewed by: _____ Start Date: _____