

APPLICATION

TEEN LIBRARY VOLUNTEER (17 Years & Younger)

1. Please print clearly.
2. Complete each section.
3. Requires a parent's signature.

TODAY'S DATE: ____ / ____ / ____

Please check box, if this volunteer service is for civic, church, or school requirements.

Name: _____
Last First Middle Initial

Address: _____ City: _____

State: _____ Zip: _____ E-mail: _____

Phone (H): (____) _____ Phone (W): (____) _____

Phone (C): (____) _____

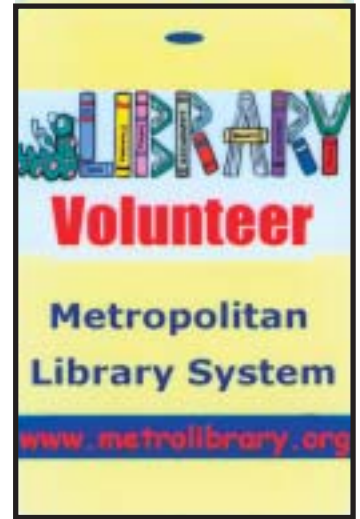
EMERGENCY CONTACT:

Name: _____
Last First Middle Initial

Address: _____
Street City State Zip

Phone (H): (____) _____ Phone (W): (____) _____

Phone (C): (____) _____ Relationship: _____



STAFF USE ONLY

- Form signed
- Parent's Signature
- References checked
- Interview completed
- HIPAA Training completed & sent to HUM.
- Copy made & application sent to Volunteer Services.

VOLUNTEER ASSIGNMENT INTERESTS:

My special talents, skills, & areas of interest include: _____

VOLUNTEER LOCATIONS OF INTEREST *(please mark in order of preference):*

- | | | | | | |
|---------------------------------------|-----------------------------------|---------------------------------|---------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> BELLE ISLE | <input type="checkbox"/> CHOCTAW | <input type="checkbox"/> EDMOND | <input type="checkbox"/> LUTHER | <input type="checkbox"/> RALPH ELLISON | <input type="checkbox"/> WARR ACRES |
| <input type="checkbox"/> BETHANY | <input type="checkbox"/> DEL CITY | <input type="checkbox"/> HARRAH | <input type="checkbox"/> MIDWEST CITY | <input type="checkbox"/> SOUTHERN OAKS | <input type="checkbox"/> WRIGHT |
| <input type="checkbox"/> CAPITOL HILL | <input type="checkbox"/> DOWNTOWN | <input type="checkbox"/> JONES | <input type="checkbox"/> NICOMA PARK | <input type="checkbox"/> THE VILLAGE | |

VOLUNTEER AVAILABILITY *(hours for volunteering are flexible and vary according to library site):*

	SUN	MON	TUES	WED	THURS	FRI	SAT	I will be available to volunteer starting:
9 a.m. - Noon		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Noon - 5 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5 p.m. - 9 p.m.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Month _____ Day _____

REFERENCES

Personal Reference: _____ Name Phone: (____) _____ Relationship: _____
(Church leader, relative, family friend)

Employment/School Reference: _____ Name Phone: (____) _____ Relationship: _____
(Boss, teacher, principal, coach)

Volunteer Reference: _____ Name Phone: (____) _____ Relationship: _____
(Club leader, church leader)

Background:

Languages spoken (other than English): _____ Employer: _____ Highest grade completed? _____

Please sign below after you have read and understand all statements on both pages.

I certify that the statements made in this volunteer application are true and correct and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release the Metropolitan Library System of Oklahoma County from any liability for supplying such information.

I understand that the Metropolitan Library System reserves the right to screen volunteers and will not accept as a volunteer anyone who would jeopardize any aspect of library service or the safety of library staff and customers.

I understand that if I am unable to fulfill a scheduled time for any reason, I am to notify my library supervisor as soon as possible.

I understand that if I miss my scheduled date and time of service without prior notification, my volunteer opportunity may be terminated by the affected library site and supervisor.

I understand that I will not be paid for my services as a volunteer, and I am giving my time freely to the library to which I am assigned. I further understand that as a volunteer, I am not eligible for workers compensation insurance.

I also understand that by volunteering, I am not guaranteed any special consideration for any future permanent employment with the Metropolitan Library System of Oklahoma County, should I ever apply for a position.

Applicant's Signature: _____ **Date:** ____/____/____

Yes, photograph(s), audio, or video(s) of my child/legal charge (circle one) may be used by the Metropolitan Library System of Oklahoma County for publicity purposes in newspaper/TV/radio ads & on the MLS website. I understand MLS will identify my child/charge by first name only, and no other information will be released to the media or published in any internal publication without authorization from me. **(Please check the box at left if you agree to grant permission. If you do not check the box, your child/legal charge will not appear in any MLS publicity.)**

Parent/Guardian's Name (please print): _____

Parent/Guardian's Signature: _____ **Date:** ____/____/____

LIBRARY USE ONLY

DATE: _____

LIBRARY: _____ **VOLUNTEER SUPERVISOR:** _____
Name

Interview Date: ____/____/____ **Training Date:** ____/____/____ **Volunteer Service Begins:** ____/____/____

Volunteer Service Ends: ____/____/____ **DVS Notified of Ending:** ____/____/____

Comments: _____

Work Agreement

Please complete this page, sign it, & return it to your librarian.

This page & a Volunteer Application Form must be completed & turned in before volunteering can begin. Please print. You must have a parent's signature.

Work Agreement

Name: _____ Date: _____

□

I have read, and understand, the rules and duties involved in volunteering at my library. I will give advance notice if I will be late or absent for any reason, and I will give at least two weeks notice on all vacations, camps, etc. At present, I know I will be unavailable during the following dates for camp & vacation:

Camp From (month/date) _____ to (month/date) _____

Vacation From (month/date) _____ to (month/date) _____

I will call my supervisor any time I have to unexpectedly miss volunteering because of illness or emergency or if for some reason I must resign.

Name of volunteer (print) _____ Date: _____

Signature of volunteer _____ Date: _____

I understand my daughter/son is volunteering as outlined on this application page, and I agree and support this commitment to the library.

Name of parent/guardian (print) _____ Date: _____

Signature of parent/guardian _____ Date: _____

I have accepted this volunteer in the Summer Reading Volunteer Program and will provide him/her with a finalized schedule of work times for June and July.

Name of librarian (print) _____ Date: _____

Signature of librarian _____ Date: _____

T-Shirt Order

Please make my Volunteer T-shirt the following size (circle one).

SM MED LG X-LG XX-LG