



YOUTH VOLUNTEER APPLICATION

FOR STAFF USE ONLY:	
Received	_____
Contacted	_____
Orientation	_____
Start Date	_____

Thank you for your interest in volunteering at the Griffin-Spalding County Library.
 This application, required for all volunteers, can be accepted at the front desk of the Library or by mail.
 For more information, please call the library at 770-412-4770.

PERSONAL INFORMATION:

Name: _____ Age: _____

Street Address: _____ City: _____

Zip Code: _____ Home phone #: _____

Email address: _____

Cell Phone #: _____ Is this your or your parent's cell phone? mine my parent's

Do you give the library permission to send text message reminders and alerts to this cell phone number? Yes No

Parent or Guardian: _____ Contact Phone #: _____

Please list any medical problems, allergies, etc. that we may need to be aware of:

Emergency Contact Name & Phone Number _____

What school do you attend? _____ Grade? _____

When is your birthday? _____ *(we want to be sure to wish you a happy birthday)*

SKILLS AND EXPERIENCE:

Please list any special skills, interests, hobbies, or related experiences:

Which of the following interests you the most (check all that apply)?

- | | |
|---|---|
| <input type="checkbox"/> recreational reading | <input type="checkbox"/> straightening/organizing/alphabetizing |
| <input type="checkbox"/> reading to children | <input type="checkbox"/> paperwork/filing |
| <input type="checkbox"/> art (drawing, painting, etc.) | <input type="checkbox"/> decorating bulletin boards |
| <input type="checkbox"/> doing crafts with children | <input type="checkbox"/> cleaning |
| <input type="checkbox"/> computers/technology | <input type="checkbox"/> acting or putting on shows |
| <input type="checkbox"/> assisting with children's programs | <input type="checkbox"/> helping children learn to read |



VOLUNTEER INFORMATION:

What is your reason for wanting to become a library volunteer? (community service hours, required for school or organization, useful on college applications, like to work with children, like to read, like the library environment, etc.) Please use your own words.

If you are required to complete service hours for a club or for school, how many hours do you need to complete? _____ When do these hours need to be complete by? _____

How did you hear about the Library’s volunteer program? _____

SCHEDULE AND AVAILABILITY:

<p>I am available for volunteer service: <i>(check all times that apply or fill in specific times)</i></p>						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (9am-1pm)						
Afternoon (1pm-5pm)						
Evening (5pm-9pm)						

The Griffin-Spalding County Library is closed on Sundays and State holidays.

A youth volunteer supervisor will contact you regarding the status of your application. We may receive more volunteer applicants than can be scheduled; therefore, the library reserves the right to select applicants based on experience, skills, maturity, and responsibility. If you are contacted to be a youth volunteer, then the library staff will set up a day and time for your volunteer orientation. Your volunteer schedule will be set during your orientation. Youth volunteers, ages 12-17, may be scheduled to volunteer once or twice per week, up to 4 hours per day. No more than two volunteers will be working during the same shift unless there is a special event.

I hereby certify that the answers given by me to the above are true to the best of my knowledge. I understand that in my capacity as a Library Volunteer, I may come into contact with confidential information. I agree to protect this information to the best of my abilities as a volunteer and not to divulge it during or after my service as a volunteer has ended.

 Youth Volunteer Applicant’s Signature

 Date



To the Parent:

Your child is applying to be a youth volunteer with the Flint River Regional Library System, Griffin-Spalding County Library. Being a volunteer will be a rewarding and worthwhile experience. The staff of the Griffin-Spalding County Library strives to bring children and books together through excellent public service and programming. Volunteers play an important role in helping the library reach this goal.

Since the library staff plans all programs and activities in advance, we would expect your child to meet certain obligations to fulfill his/her commitment. Rules and guidelines will be discussed at orientation.

We will arrange a schedule to best suit you and the needs of the library. If, for some reason, your child's volunteer schedule needs to be adjusted, then please contact the youth volunteer supervisor so that we can try to revise the schedule if possible.

Liability Waivers and Parental Consent:

As the parent/guardian of _____, I agree to the following:

1. I verify the accuracy and completeness of the information on my child's application.
2. I realize that the library will provide supervision for my child **only during his/her scheduled volunteer work hours.**
3. I respect the library's right to assign job tasks for my child and will not interfere in the delegation of specific tasks unless it is a hazard to my child's health.
4. I hereby release and hold harmless the Griffin-Spalding County Library ("Library") and agree to indemnify and hold harmless the Library from any and all liability, claims or causes of action that may arise for any accidents, injuries or illnesses that may occur to my child from his/her participation in the volunteer program.
5. I understand that volunteers perform their duties at their own risk, and that the Flint River Regional Library System does not provide insurance coverage in case of injury while performing assigned duties.
6. I agree that the Library has permission to use my child's photograph or videotaped image in publicity for the library system activities.
7. I will make every effort to be available by phone during my child's scheduled volunteer hours. In the event of an emergency, if I cannot be reached, staff will contact the emergency number given on the application.
8. I agree to provide transportation to and from the library to meet my child's volunteer work schedule. I understand that my child will need to be picked up fifteen minutes before closing time. I have received a copy of the library's hours of operation.

Parent's Name (Please Print)

Parent's Signature

Date

If selected, the volunteer is responsible for keeping track of his/her assigned schedule. If the volunteer is unable to arrive at the library during his/her scheduled shift, then please call the library and speak with the person in charge of supervising the youth volunteers with advance notice so that the library can make other arrangements.

