

# Town of Ballston Community Library

## VolunTeen Application 2017

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

School \_\_\_\_\_

In case of emergency, notify (Name) \_\_\_\_\_

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

**Why do you want to volunteer at the Library?**

**Do you have any special skills that could benefit the Summer Reading Program?** (drawing, painting, organizing, reading to kids, great with computers, etc.)

**Please list any previous volunteer experience:**

**Please list one teacher, school librarian or non-family adult who will be a reference for you:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email or Phone: \_\_\_\_\_

**As a volunteer you need to follow the rules of the library; you must be available for four of the six weeks you agreed upon. Always be on time for your shift. Dress appropriately and make sure you always have your name tag on and visible. There are NO electronic devices to be used during a volunteer's shift; this includes cell phones, iPads, iPods etc. The first time an electronic is out a staff member will ask you to put it away, the second time you will not be able to finish your shift, a parent/guardian will have to come pick you up.**

***I agree to all the rules and guidelines that have been explained to me at the time of registration.***

*VolunTeen Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

***My child has my permission to do volunteer work at the Town of Ballston Community Library. I will encourage my child to be a responsible volunteer and to be on time.***

Parent/Guardian Name *(please print)* \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Email \_\_\_\_\_

Phone # \_\_\_\_\_

**Applications will be accepted during the month of May. Please submit your application in person at the library or by mailing it to:**

Town of Ballston Community Library  
attention: Rebecca Darling  
2 Lawmar Lane  
Burnt Hills, NY 12027