

Summer Reading Club Volunteer

2019 Teen Volunteer Procedure

- 1) **New Applicants** must submit a **short** essay of up to **2 pages**, either handwritten or typed, about your library story. (For example: Why is the Library important to you? How has a library book changed your life? What is your most memorable experience at the Library?) The essays will determine who will be selected to become a volunteer, so put some of your creative energy into it! Turn in your essays to the **Children's Information Desk** by **May 15**.
- 2) **Returning Teen Volunteers** do not need to write another essay but must **complete a new emergency notification form by May 15**.
- 3) Fill out an **emergency notification** form and turn it in with your essay. (Notification form is on the back of this application and on the website.) All teens must have parent/guardian approval.
- 4) **Teen Volunteers must be available to work a minimum of 12 hours from June 1-August 15.**

Teen Volunteer Information

Who: **Teens, ages 12 to 18**, who like children, books, libraries, and fun.

What: Teen Volunteers will:
Assist with Summer Reading Club (SRC)
Shelve Books
Help with Kids Programs
Help Librarians with special projects and daily duties
Join the Summer Reading Club! Have Fun!

When: If you are accepted, we will give you a call

Why: There are so many reasons why you would want to volunteer at the Bedford Public Library! Here are just a few:

- Learn about the library and check out our new books, movies, and CDs!
- Contribute to the dynamic Bedford community!
- Earn volunteer community service hours for fun or school or church!
- Gain valuable pre-employment experience
- Make new friends!

Circle one **New Applicant** **Returning Volunteer**

**2019 SRC Teen Volunteer
Emergency Notification Form**

T-shirt size (circle one): S M L XL

Name: _____

Address/City/Zip Code:

Telephone #:

Email:

School: _____ Age: _____ Grade: _____

Parent/Guardian Name:

Home phone #: _____ Emergency #: _____ Work phone #: _____

Parent signature:

IB or NHS Coordinator Contact Information: (write "N/A" if none)

Name:

Coordinator Email:

Allergies or Medical Conditions: _____

Do you know 2nd language, if so, which one? _____

Are you available to work a minimum of 12 hours this summer (June 1 – August 15, 2019)?

Date of Birth: _____