

# Bensenville Community Public Library Teen Volunteer Application



## Volunteer Information

First and Last Name :

School :

Phone Number :

School ID # :

Email Address :

Grade :

## Emergency Contact

First and Last Name :

Phone Number :

## School Reference (Ex. Teacher, Coach, Principal)

First and Last Name :

Email :

Academic Relationship :

## Availability

During which hours are you available for volunteer assignments? Check all that apply.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> All Day	<input type="checkbox"/> All Day	<input type="checkbox"/> All Day	<input type="checkbox"/> All Day	<input type="checkbox"/> All Day	<input type="checkbox"/> All Day	<input type="checkbox"/> All Day
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening

## Service Hours

If you have a set number of hours to complete by a specific date, please provide the following information:

Number of hours to be completed :

Date hours need to be complete by :

Is this court ordered community service? ☐ Yes ☐ No

If yes, what are the circumstances of the offense?

## Special Skills, Interests, Hobbies

List special skills you have acquired from school, previous volunteer work, or other activities, hobbies, interests, etc.

## Agreement and Signature

By submitting this application, I understand the following:

- I understand that this is a voluntary position and that nothing on this application shall be held to convey to any volunteer a promise of employment and/or compensation now or in the future.
- I understand that I will be volunteering at my own risk and that the organization, its employees, and affiliates cannot assume any responsibility for any liability for any accident, injury, or health program which may arise from any volunteer work I perform at the organization.
- I understand that if I am accepted as a volunteer, I agree to the Library's one "no show" policy. As a volunteer, I must give notice if I am unable to attend my volunteer shift. If I am unable to attend my shift and I do not give notice prior to the start of my shift, it will be considered a "no show" and I will no longer be able to volunteer at the Bensenville Community Public Library.

Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_