

VOLUNTEENS



APPLICATION

The VolunTEENS group is open to students in grades 6-12 currently enrolled at Bremen Public Schools, Saint Paul's Lutheran School, or homeschool students. Homeschoolers must reside in German Twp.

NAME: _____ AGE: _____ GRADE: _____

ADDRESS: _____ SCHOOL: _____

PHONE: _____ EMAIL: _____

CIRCLE THE SESSIONS IN WHICH YOU WOULD BE AVAILABLE TO VOLUNTEER.

(IN ORDER TO SUCCESSFULLY COMPLETE A SEASSION, A MINIMUM OF 8 HOURS MUST BE COMPLETED DURINGTHE SESSION.)

FALL (SEP.-NOV.) WINTER (DEC.-FEB.) SPRING (MARCH-MAY) SUMMER (JUNE-AUG.)

BOOK DISPLAYS

PROGRAM HELP

SPECIAL EVENTS

DISC CLEANING

READING SHELVES

DUSTING

I WOULD LIKE TO BE A VOLUNTEEN AT BREMEB PUBLIC LIBRARY BECAUSE:

LIST ANY SKILLS, EXPERIENCES, OR SPECIAL KNOWLEDGE YOU HAVE THAT MIGHT HELP YOU AS A VOLUNTEEN:

I WOULD LIKE TO BE A VOLUNTEEN AT BREMEB PUBLIC LIBRARY BECAUSE:

DO YOU HAVE ANY LIMITATIONS OF WHICH YOU WOULD LIKE US TO BE AWARE?

GUIDELINES AND EXPECTATIONS

The VolunTEENS group is open to Students in grades 6-12 currently enrolled at Bremen Public Schools, Saint Paul’s Lutheran School, or homeschool students. Homeschoolers must reside in German Twp. These students are interested in offering their free time, on a regular basis, to assist in any number of tasks which are an integral part of the facilitation of operations and well being of the library.

Each VolunTEEN is responsible to report to the library at his/her assigned times and complete all duties in a timely fashion. VolunTEENS will be subject to the same rules as library employees.

AGREEMENT

- I am aware that the library has the right to release me from service at any time, just as I have the right to withdraw from volunteer services at any time.
- I will follow all guidelines and policies of Bremen Public Library.
- I understand that the VolunTEEN program at Bremen Public Library requires a minimum of commitment of 8 hours per session.
- I understand that I am volunteering my time for personal reasons and that I will not be paid for my services as a volunteer. I expect no compensation.
- I will use the app TeamReach for communication that pertains only to Bremen Public Library.
- I will not give the TeamReach access code to another person(s) without permission from the YA Librarian.
- I will be a conscientious volunteer and have FUN!

STUDENT SIGANTURE _____ DATE _____

AS PARENT/GUARDIAN OF THE ABOVE APPLICANT, I GRANT PERMISSION FOR MY CHILD TO VOLUNTEER AT BREMEN PUBLIC LIBRARY.

GUARDIAN SIGANTURE _____ DATE _____

PLEASE PROVIDE THE NAME AND NUMBER OF TWO EMERGENCY CONTACTS.

1 NAME _____
 NUMBER _____

2 NAME _____
 NUMBER _____