



VolunTEEN Application

Date: _____

The Sioux Center Public Library VolunTEEN program is designed to give youth in grades 5th-12th an opportunity to give back to the community, develop teamwork and future job skills, and participate in an enjoyable and productive activity. Please fill out the following application completely and return to the Sioux Center Public Library. Questions? Stop by or call at 712.722.2138 and ask for Emily.

****Please note there is a 10-volunteer capacity during the fall, winter, and spring. We often accept more volunteers during the summer, so if the program is currently full, check back at the beginning of the aforementioned seasons or during summer. Thank you!*

VolunTEEN Information

Last Name: _____ First Name: _____

Address: _____

City/Town: _____ Zip Code: _____

Age: _____

Grade and school year (e.g. 7th as of 2019/2020): _____

Home Phone #: _____ Date of Birth: _____

VolunTEENs Cell Phone #: _____ Okay to Text? Yes No

VolunTEENs Email Address: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Parent/Guardian Cell Phone #: _____ Okay to Text? Yes No

Parent/Guardian Email Address: _____

Parent/Guardian's Preferred Contact Language: _____

Interests & Goals

Please indicate your goal(s):

___ to volunteer in the Sioux Center Public Library (SCPL) for 1-2 hrs each week

___ to volunteer in the Sioux Center Public Library (SCPL) for 1-2 hrs each month

___ to fulfill a school requirement

___ other, please specify:

Why do you want to volunteer at the Sioux Center Public Library?

Areas of interest and skills:

Availability

Please list 3 times that you would be available to volunteer and indicate 1st, 2nd, and 3rd choices.

Monday:	Tuesday:	Wednesday:
Thursday:	Friday:	Saturday:

I would be interested in volunteering during the: (circle one or both)

School Year Summer

I hereby agree to indemnify and hold harmless the library and its officers, agents, employees, advisors, customers, and other volunteers from any liability or claims of loss, costs or expenses, including attorney fees, for personal injuries to me or damage to my property or theft or loss of my property in connection with my participation and work as an unpaid volunteer at the library.

VolunTEEN Signature: _____

Parent/Guardian Signature: _____

What to Expect as a Volunteer:

- Volunteer 1-2 hours each week
- Volunteer 1-2 hours each month
- Projects like Lexile & AR levels
- Dusting/cleaning tables
- Creating book displays
- Inventory
- Special tasks assigned by staff
- Shelf reading
- Craft preparation
- Helping with programs

Return completed forms to the Sioux Center Public Library. Questions? Call the library at 712.722.2138.