

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. Volunteers must be in good standing at the library to volunteer. The library reserves the right to refuse any volunteer. Please fill out the following application completely and return to the Sioux Center Public Library. Questions? Stop by or call 712.722.2138 or email support@siouxcenterlibrary.org

****Please note there is a 5-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

First Name: _____ Last Name: _____

Address: _____

City/Town: _____ Zip Code: _____

Age: _____ Grade & School Year: _____

Home Phone: _____ Date of Birth: _____

VolunTEEN's Cell Phone: _____ VolunTEEN's email: _____

Parent/Guardian Information

First Name: _____ Last Name: _____

Guardian's Cell Phone: _____ Guardian's email: _____

Guardian's Preferred Language: _____

Interest and Goals

Please Indicate your goal(s):

- ☐ to volunteer in the Sioux Center Public Library (SCPL) for 1-2 hours each week
- ☐ to volunteer in the Sioux Center Public Library (SCPL) for 1-2 hours 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 (select one or both)

- ☐ school year
- ☐ summer

Signatures and Waiver

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's Signature: _____

Parent/Guardian's Signature: _____

What to Expect as a VolunTEEN:

- 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.