



Teen Volunteer Application

Become a Youth Services Teen Volunteer!

Thank you for your interest in volunteering at the Montclair Public Library. We value your willingness to help. Please complete this form and return it to the Montclair Public Library's 3rd floor Children's desk or mail it to:

Montclair Public Library
Attn: Kiersten Paine—Teen Services Librarian
50 S. Fullerton Ave.
Montclair, NJ 07042

Name: _____ Today's Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

School: _____ Grade: _____ Age: _____

What is the best way to contact you?

- Home Phone
- Cell Phone
- Email
- Other: _____

Briefly list any previous volunteer experience:

Briefly list any special skills or interests, and any related work experience:

Please tell us how much time you'd like to commit to a volunteer position. (i.e. hours per week, days per week or only for special events or projects):

If you have any further questions please feel free to email:
Kiersten Paine kiersten.paine@montclair.bccls.org



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Please note that not all positions are available at all times and that applying to volunteer does not guarantee a volunteer placement.

Requirements:

- Volunteers must be 14 years old or older.
- Must live and/or go to school in Montclair.

Description of Duties and Responsibilities:

- Shelf read assigned shelves.
- Upkeep and organization of library materials found on assigned shelf.
- Provide assistance during Youth Services programming and events.
- Decorations (i.e. display cases, bulletin board, book displays, etc...)
- Preparations for arts and crafts programming and events.
- MUST inform YS Department when you can no longer commit to volunteer hours during the school year.

Montclair Public Library

STUDENT VOLUNTEER CONTRACT

I, _____,
(Please print your name)

promise to fulfill my duties as a student volunteer at the Montclair Public Library to the best of my abilities.

I have read the Student Volunteer Manual and understand the responsibilities involved in this job. I will make every effort to come to work when I am scheduled to do so. In case of illness or other emergency, I will contact the volunteer coordinator as far in advance as possible. I understand that a list of staff phone numbers is included in the Student Volunteer Manual.

Signed: _____ Date: _____

Montclair Public Library

FAMILY CONTRACT FOR STUDENT VOLUNTEERS

By signing this contract, I give permission for my daughter/son to volunteer at the Montclair Public Library. I have read and discussed the Student Volunteer Manual with my child. I will make every effort to help him/her fulfill the responsibilities of volunteering, especially in reporting to work at the assigned time.

My primary phone number: _____ My secondary phone number: _____

My email address is: _____

Parent/Guardian signature: _____ Date: _____