

Bastrop Public Library Teen Volunteer Application



Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ I can use the Remind app for messages: Y / N

Email: _____ Age (must be 14+): _____ DOB: _____

Do you have any health restrictions? Y / N

Emergency contact: _____ Phone number: _____

Please check your preference(s):

	What does this responsibility entail?
<input type="checkbox"/> I want to work on a weekly basis	<p>Bastrop Public Library has six teen volunteers at a time—one per day of the week that the library is open.</p> <p>Teen volunteers are assigned a day they will work (typically in 2-hour shifts). You will shelve books, prepare materials for programs, create booklists, and do all manner of tasks. If you are going to miss your shift, you MUST notify Bethany. If you have two no-shows without adequate communication, you will be asked to step down from your volunteer position so that a volunteer on the waiting list can step up into that spot.</p>
<input type="checkbox"/> I want to work special events	<p>When the library needs help with programs, events, or “all hands on deck” projects, you will receive a message via the Remind app. If you are available and would like to help, you communicate with Bethany to express your interest.</p>

Availability:

Please share when you are free to help, if you want to volunteer on a regular basis.

	Morning (10am-12pm)	Early Afternoon (12-4pm)	Late Afternoon (4-6pm)	Evening (6-9pm)
Sunday	CLOSED			
Monday				CLOSED
Tuesday	CLOSED			
Wednesday				CLOSED
Thursday	CLOSED			
Friday				CLOSED
Saturday			CLOSED	CLOSED

Parent Permission to Volunteer:

I give my child permission to volunteer at Bastrop Public Library. I certify that my child is in good health and will be able to handle the physical requirements that are expected of him/her during the duration of the program.

I also understand that the library will take every precaution in ensuring that my child will be safe from any danger and that I will be notified in case of an emergency. In the case of an illness or accident, I will not hold the City of Bastrop, my child's supervisor, or any fellow workers responsible. If there is an illness or accident, I grant my permission for the staff to call a doctor.

In signing this, your child is making a written commitment with the library, which we expect him/her to obligate. Please call us one day in advance if he/she is planning to be absent, so that we can contact another volunteer to fill the available spot. If your child has two unexcused absences, he/she will automatically be taken off the volunteer list.

Parent/Guardian's signature: _____ Date: _____

Teen's signature: _____ Date: _____

For questions or concerns, please contact Bethany Dietrich, Public Services Librarian and Teen Volunteer Coordinator at bdietrich@bastroplibrary.org or (512) 332-8880.

Bastrop Public Library Teen Volunteer Reference Form

Instructions for applicant: Please ask a non-family member to fill out this reference on you. We recommend you ask a teacher, employer, professional church affiliations, etc. Make sure you sign and date in this box before giving your reference their form!

I have applied for a volunteer position at Bastrop Public Library and have given your name as a personal/professional reference. I give permission for the release of the reference information to the Bastrop Public Library. I hereby release my personal references, my former employers, and all institutions/organizations for which I have volunteered or are currently volunteering for from all liability in furnishing this information. A copy of this authorization is as valid as the original.

Applicant signature: _____ Date: _____

Name of applicant: _____

Name of reference: _____

Company/school/affiliation: _____

Phone number: _____ Email: _____

How long have you known the applicant?

In capacity do you know the applicant?

What do you consider to be the applicant's character strengths and how have they been demonstrated?

In what areas do you feel the applicant needs improvements?

Are they aware of these issues? Yes _____ No _____

Would you recommend that the applicant volunteer in a library setting? Yes _____ No _____

If yes, any suggested areas or tasks you would recommend? If no, please explain why.

Please evaluate the applicant in the following areas using the scale 1 to 5 with 1 = poor and 5 = excellent.

	<i>Poor</i>				<i>Excellent</i>
Dependability	1	2	3	4	5
Flexibility	1	2	3	4	5
Ability to work in a team	1	2	3	4	5
Communication	1	2	3	4	5
Honesty	1	2	3	4	5
Enthusiasm	1	2	3	4	5
Initiative	1	2	3	4	5
Attention to detail	1	2	3	4	5

I understand that any misrepresentation made by me in connection with this applicant will be just and sufficient cause for the dismissal of the applicant from any Bastrop Public Library volunteer services.

Reference's signature: _____ Date: _____

Please either scan and email back this reference form to Bethany Dietrich at bdietrich@bastroplibrary.org or mail it to Bethany at the library at PO Box 670, Bastrop, TX 78602. Thank you for taking the time to share your impressions and knowledge of this potential volunteer!