

TEEN VOLUNTEER APPLICATION



APPLICANT INFORMATION (PLEASE PRINT)						DATE: ___/___/___		
Last Name		First		M.I.				
Street Address						Apartment/Unit #		
City			State			ZIP		
Home Phone			Cell Phone					
Date of Birth:			Age:			E-mail Address:		
Emergency Contact						Phone		
Have you volunteered with the Jefferson Parish Library before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when and where?					
Are your volunteer hours required for school?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Total hours needed			Completion Date:		
School Name			Address:					
PREFERRED LOCATION (PLEASE RANK YOUR TOP 3 CHOICES, WITH 1 BEING YOUR MOST PREFERRED LOCATION, ETC.)								
East Bank:				West Bank:				
East Bank Regional (volunteer spots limited)				West Bank Regional (volunteer spots limited)				
Harahan		Lakeshore		Belle Terre		Gretna		
North Kenner		Old Metairie		Lafitte		Live Oak		
Rosedale		Wagner		Terrytown		Westwego		
WHAT DAYS CAN YOU VOLUNTEER?								
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday								
WHAT TIME OF DAY CAN YOU VOLUNTEER?								
<input type="checkbox"/> Mornings <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening								
PLEASE DESCRIBE ANY PREVIOUS VOLUNTEER EXPERIENCE								

Date Returned: ___/___/___

SPECIAL SKILLS, INTERESTS, HOBBIES

REFERENCE

Please list two references (not a relative and over 18) Example: teacher, coach, etc.

Name	Phone	Relationship

Due to the high volume of applicants, both the **East and West Bank Regional libraries** require volunteers to submit applications by an assigned **deadline** for each season. Volunteer spots are limited and are first come, first served. Each location has a different application process and accepts volunteers based on the locations need. Priority is given to returning volunteers and those with hours required for school.

The deadlines for East and West Bank Regional are as follows with no exceptions:

EAST BANK REGIONAL DEADLINES:		WEST BANK REGIONAL DEADLINES:	
Spring: January 10 th Summer: May 10 th Fall: August 10 th		Spring: December 15 th Summer: May 15 th Fall: September 15 th	
Contact:	Jennifer Bishop, Teen Librarian (504) 849-8833 jbishop@jplibrary.net	Contact:	Natalie Miller, Teen Librarian (504) 364-3723 nmiller@jplibrary.net



Jefferson Parish Library
VOLUNTEER CONTRACT

VOLUNTEER WORKERS

- (1) Volunteers who are interested in working for the library must be 13 years of age, or have completed the 7th grade.
- (2) Volunteers will complete an application and sign a contract for the duration period they intend to work.
- (3) Volunteers will perform tasks assigned by the branch/department manager, or in the absence of the manager, a senior staff member.
- (4) Volunteers will be evaluated by the manager, and those who fail to perform satisfactory or those who have poor attendance will be asked to resign from the program.
- (5) Volunteers will prepare their schedules with the assistance of the manager.

JEFFERSON PARISH LIBRARY VOLUNTEER CONTRACT

I, _____, agree to perform the volunteer duties assigned to me to the best of my ability, and will conduct myself in a professional manner. I will appreciate constructive feedback, and if problems arise, such as scheduling, I will notify my supervisor as soon as possible.

I understand that the Jefferson Parish Library or I may cancel this contract at any time by notifying the other party. I also realize the importance of my contribution and the commitment of the Jefferson Parish Library to my training and supervision and enter into this agreement intending to reliably fill this position for the duration of my scheduled volunteer hours. I will abide by the rules and regulations of the Jefferson Parish Library, and also by the Volunteer Guidelines.

I hereby attest that my attendance and involvement is voluntary, that I am participating at my own risk, and that I have read the foregoing terms. In addition, I agree to keep confidential any patron information or Library records I may encounter. I understand the Jefferson Parish Library does not provide medical coverage for volunteers.

SIGNATURE OF PARENT OF GUARDIAN, IF UNDER 18	DATE
SIGNATURE OF VOLUNTEER	DATE
SIGNATURE OF LIBRARY REPRESENTATIVE	DATE

Date Returned: ___/___/___