

Salina Public Library

Summer VolunTEEN Application

Name: _____ Date: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Date of Birth: _____

School Name: _____ Grade: _____

Check the days/hours you are available this summer:

Day	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Morn							
Aft							
Eve							

Dates you know you will NOT be available to volunteer: _____

APPLICATION DEADLINE IS MONDAY, MARCH 27, 2017.

Shirts have to be ordered so **NO applications will be accepted past the deadline.**

Return completed application to Youth Services desk.

Adult Shirt Size: Small _____ Medium _____ Large _____ XLarge _____
XXLarge _____

APPLICANT STATEMENT OF UNDERSTANDING:

I understand that if I am selected, I must attend one (1) Summer VolunTEEN Orientation. In addition, I understand that I must follow all policies and procedures of the Salina Public Library VolunTEEN Program, including wearing my VolunTEEN shirt when working.

Teen Applicant Signature: _____ Date: _____

PARENT/GUARDIAN INFORMATION

Printed Name: _____ Date: _____

Day Phone: _____ Cell Phone: _____ Prefer: Day _____ Cell _____

IN CASE OF EMERGENCY CONTACT (if different than above)

Printed Name: _____ Phone: _____

PARENT/GUARDIAN OF TEEN APPLICANT STATEMENT OF UNDERSTANDING:

I understand that if selected as a participant in the Salina Public Library VolunTEEN Program, my son/daughter will be committed to volunteering at the library on scheduled days/times. I understand that in the event of his/her not being able to volunteer, it is his/her responsibility to contact the Youth Services Department at the Salina Public Library prior to their assigned time. As a parent/guardian, I will support my son/daughter's participation by providing and facilitating transportation, encouragement and support as needed.

Parent/Guardian Signature: _____ Date: _____

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