

Date: _____

Sanger Public Library -- Teen Library Volunteer Application

Name: _____

Address: _____

Email: _____

Phone: _____ Birthdate (m/d/y): _____ Grade: _____

Name of Parent(s)/Guardian(s):

Emergency contact name and phone number:

Place a check by activities that you would be interested in helping with:

_____ Help with children's programs, and/or help prepare crafts for programs

_____ File and shelve books

_____ Help prepare displays and bulletin boards

_____ Other: _____

Conduct/Dress Guidelines

Volunteers are responsible for representing Sanger Public Library and the City of Sanger and their conduct and appearance should reflect these organizations. Volunteers must follow the library's behavior guidelines. Clothing that displays alcohol, tobacco, drugs, violence, lewdness, or illegal products are not permitted. Heavily ripped shirts or pants, shorts/skirts above mid-thigh, halter-tops, tube tops, and tank tops are also not permitted.

As a volunteer, I agree that I will:

- Complete assignments to the best of my ability
- Maintain confidentiality of any library and patron information
- Contact the library if I am unable to come in at a scheduled time
- Conduct and dress appropriately, observing library rules and policies

Signature _____

Staff Initials & Date _____