

Livingston Public Library
10 Robert Harp Drive
Livingston, NJ 07039
973-992-4600

Fall 2009 Teen Volunteer Application

Thank you for your interest in volunteering at the Livingston Library! Please complete both sides of this form. (Make sure you have a parent or guardian sign the back.)
Note: There will be no volunteering on days the Livingston Public Schools are closed!

All volunteers must:

- Have a Livingston library card
- Be entering 7th grade or higher
- Sign up for a regular schedule and call if unable to work.
- Follow directions given by library staff
- Be courteous

Date: _____

Name:

Last, First

Home Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

School: _____ Grade: _____

Do you have a Livingston library card? _____

Do you know how to use the library catalog? _____

Please list any special skills or interests that might be useful in the library.

Please list any allergies or health concerns:

Emergency Contact: _____

Relationship to volunteer: (parent, guardian, etc.) _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Why would you like to volunteer in the library? (BE HONEST!)

Circle the program times you would like to volunteer.

Shelving and Clerical Work: Help put books away and work on other clerical tasks such as filing, making copies, etc.

Mondays

3:00 – 4:00

4:00 – 5:00

Tuesdays

3:00 – 4:00

4:00 – 5:00

Wednesdays

3:00 – 4:00

Teen Advisory Board: Help choose books, music and other materials for the teen department. Help plan and run events for teens and younger children. Meets once or twice per month, dates TBA.

Teen Advisory Board

Thursdays 3:00 – 4:00

I have read the volunteer guidelines, and agree to abide by them.

(volunteer)

I have reviewed the library volunteer guidelines and programs and give my consent for my child to participate.

(parent or guardian)