



Main Library

602 West Park Avenue
Barberton, Ohio 44203-2458

Phone: (330) 745-1194

Fax: (330) 745-8261

Community

Health Library Branch

155 Fifth Street, Northeast
Barberton, Ohio 44203-3398

Phone: (330) 615-3105

Fax: (330) 615-3103

www.barbertonlibrary.org

TEEN VOLUNTEER APPLICATION

Name _____

Phone _____ **Email** _____

Address _____

City & Zip _____ **Date** _____

Parent's Name: _____

Phone Number: _____

Other guardian: _____

What grade will you be in as of fall 2018? _____

School attending: _____

In what department would you like to help? Check all that apply. (Please note, volunteers will not always be needed in all departments.)

Main Floor __ Children's Floor__

Technical Services__ Maintenance __

Are you required to perform volunteer hours? _____

Why? Please be specific. _____

How many hours are required? _____

By what date must they be completed? _____

Did someone refer you to us? If yes, who? _____

Parental Permission

Dear Parent or Guardian:

By returning this application, your child is volunteering to help at the Barberton Public Library. Volunteers are unpaid staff members who can assist in performing specific duties. Training will be provided by staff members who will help your child learn about job responsibilities and pleasures in return for his/her gift of time and energy to this organization. Young people will be assigned to tasks as appropriate as possible considering age and ability. If verification of your child's service hours is needed, please notify us in advance.

Please sign below if you are willing for your child to volunteer.

I give permission for my child _____ to volunteer at the Barberton Public Library.

Parent/Guardian Signature

Date

If you have questions or would like more information, please call the library at 330-745-1194 and ask for Sarah Granville or email sarah.granville@barbertonlibrary.org .

BARBERTON PUBLIC LIBRARY
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www.barbertonlibrary.org