



TEEN VOLUNTEER APPLICATION

General teen volunteers may be asked to perform tasks for a variety of departments within the Library. Please note that volunteers will not always be needed in all departments.

This is great experience to include on job, college, or scholarship applications.

Today's Date: _____

Name: _____

Preferred Name (Optional):

Address:	

Phone: _____ Email: _____

City & Zip:

Current grade (or grade entering in fall):

School attending:

I need volunteer hours for:

Graduation _____ A School Club _____

Other (please explain)

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

www.barbertonlibrary.org

Rev: 8/22 MMR



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How many hours are required?

By what date must they be completed?

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

Emergency Contact or Parent/Guardian Name:

Emergency Contact or Parent/Guardian Phone Number:

Applicant Signature: _____

Parental Permission

Dear Parent or Guardian:

By returning this application, your child is applying for an unpaid volunteer position at the Barberton Public Library. Volunteers will be assigned specific duties that are appropriate to their age and abilities, with training provided by paid staff members. It is our hope that in exchange for the gift of your child's time and energy, they will gain valuable workplace experience while learning about job responsibility and fulfillment. If verification of your child's service hours is needed please notify us in advance.

Please sign below if you agree to allow 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 Teen Services Librarian Sarah Granville or email sarah.granville@barbertonlibrary.org