

**Application For Teen Volunteer Service  
At the Bangor Public Library**

145 Harlow St.  
Bangor ME 04401

Teen Volunteers must be between the ages of 12-18

**Volunteer Application Information**

Name \_\_\_\_\_ Home phone \_\_\_\_\_  
(Please Print)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth (Month/Day/Year) \_\_\_\_\_

Hours you wish to volunteer at the Library: \_\_\_\_\_ Per Week \_\_\_\_\_ Per Month \_\_\_\_\_ One Time Project

Hours Available:

Monday Tuesday Wednesday Thursday Friday Saturday

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**Volunteer History**

Have you had previous volunteer experience? **Yes - No**

If yes please answer the following questions:

Name of Organization: \_\_\_\_\_

What did you do as a volunteer?  
\_\_\_\_\_

Do you have any special skills or training? (computer skills, baby-sitter training, sign language, art classes etc....)  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to volunteer at the Library?  
\_\_\_\_\_  
\_\_\_\_\_

Are you interested in serving on a Teen Advisory Board? **Yes – No- Maybe**

**References (Not related to you)**

Name \_\_\_\_\_ E-Mail \_\_\_\_\_  
Phone \_\_\_\_\_

Name \_\_\_\_\_ E-Mail \_\_\_\_\_  
Phone \_\_\_\_\_

Emergency contact person \_\_\_\_\_ Phone \_\_\_\_\_

# Teen Volunteer Agreement

**As a Teen Volunteer, I Agree:**

- To obey all The Bangor Public Library policies and procedures.
- To arrive on time
- To call the Bangor Public Library as soon as possible if I am unable to report to my volunteer position.
- To dress appropriately.
- To record hours.

**As a parent, I Agree:**

- To encourage my teenager to strive for good work habits and attendance.
- To make sure my teenager arrives on time and has safe transportation home.
- To emphasize the importance of my teenager's volunteer responsibility.

**Medical Emergencies Involving Minors:**

In the event that a parent or legal guardian of a minor volunteer cannot be reached in a medical emergency, The Bangor Public Library is authorized to arrange for emergency medical treatment, the cost of which will be the sole responsibility of the parent or legal guardian.

_____	_____
Volunteer's Name (Please Print)	Date
_____	_____
Volunteer's Signature	Date
_____	_____
Parent/Guardian Name (Please Print)	Date
_____	_____
Parent/Guardian Signature	Date

**Return completed application to the Bangor Public Library or mail to:**

**Bangor Public Library  
145 Harlow Street  
Bangor ME 04401**