

Salina Public Library

Summer VolunTEEN Application

First and Last Name: _____ Today's Date: _____

Address: _____ City: _____ Zip: _____

Primary phone: _____ Date of birth: _____

Email (*Interview requests will be sent via email on April 1, so a valid email address is required. A parent/guardian email address is acceptable.*):

School name: _____ Current Grade: _____

Check the days/hours you will usually be available this summer:

To be eligible, you must be able to commit to at least 16 hours of volunteer work during the summer.

Day	Mon.	Tues.	Wed.	Thurs.	Fri.
10:00-12:00					
1:00-3:00					
3:00-5:00					

Dates you know you will NOT be available to volunteer:

Adult Shirt Size: XS _____ S _____ M _____ L _____ XL _____ XXL _____

How did you hear about this opportunity?

- ☐ School personnel
- ☐ Family member or friend
- ☐ Library website or library social media
- ☐ Other: _____

Why are you interested in being a VolunTEEN at the library?

APPLICANT STATEMENT OF UNDERSTANDING:

I understand that:

- If I am selected, I must attend one (1) Summer VolunTEEN Orientation.
- I must follow all policies and procedures of the Salina Public Library VolunTEEN Program, including wearing my VolunTEEN shirt when working.
- Past VolunTEEN involvement does not guarantee selection to the program.

Applicant signature: _____ Date: _____

PARENT/GUARDIAN INFORMATION

Printed name: _____

Day phone: _____ Cell phone: _____

Preferred contact: Day _____ Cell _____ Email _____

Parent/Guardian email (if different than above): _____

PARENT/GUARDIAN STATEMENT OF UNDERSTANDING:

I understand that:

- If selected as a participant in the Salina Public Library VolunTEEN Program, my child will be committed to volunteering at the library on scheduled days and times.
- In the event they are unable to volunteer, it is their responsibility to contact the Youth Services Department at SPL prior to their assigned time.
- Past VolunTEEN involvement does not guarantee selection to the program.
- As a parent/guardian, I will support my child's participation by providing and facilitating transportation, encouragement, and support as needed.

Parent/guardian signature: _____ Date: _____

EMERGENCY CONTACT (if different than above)

Printed name: _____

Relationship to applicant: _____

Phone: _____

APPLICATION DEADLINE IS SUNDAY, MARCH 31, 2024.

Shirts have to be ordered so **NO applications will be accepted past the deadline.**

Return completed application to Youth Services desk.

You will be contacted the week of April 1, 2024 about your application.