



## Summer Reading Program 2014

### Teen Volunteer Contract & Application Form

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*The Teen Volunteer program (ages 14 to 17 / grades 7 to 12)  
is an opportunity for teens to demonstrate responsibility and develop good work habits.*

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**We are looking for help from May – August 2014.**

You must be willing to make a minimum commitment of 20 hours over the course of the summer. If you are unable to make this commitment, please do not apply this summer.

**We will get in touch with you by May 3, 2014 if you are selected to volunteer this summer.**

Unfortunately, we cannot accept all interested teens in the volunteer program. For this reason, all applications **MUST** be turned in to Ms Maggie or Ms Doom **IN PERSON** by the interested teen and **NOT** from parents – we want a chance to meet all interested teens before we make our selections!

**Please mail your reference letters to:**

Maggie Allen or Rebecca Doom  
130 Plaza Blvd / Madison, AL 35758  
Contact: [mallen@hmcpl.org](mailto:mallen@hmcpl.org) or [rdoom@hmcpl.org](mailto:rdoom@hmcpl.org) or 256-461-0046

**Deadline:**

Return the application & personal essay to Ms Maggie or Ms Doom (**IN PERSON**) no later than **SATURDAY, APRIL 26, 2014**.

All reference letters must be received by the library no later than **SATURDAY, APRIL 26, 2014**.

**Madison Public Library Hours:**

Monday - Thursday 9:00 a.m. to 8:00 p.m.

Friday & Saturday 9:00 a.m. to 5:00 p.m.

Sunday 1:00 p.m. to 5:00 p.m.

***Teen volunteers may ONLY volunteer during library hours.  
Volunteers should not arrive before the library opens & should not be left after the library is closed.***

Please ensure that you only sign up for shifts when suitable transportation is available.

# CONTRACT FOR TEEN VOLUNTEERS

## SUMMER READING 2014

### TEEN VOLUNTEER BEHAVIOR GUIDELINES

1. Treat the library staff with respect and cooperate with them at all times. Be polite and courteous to EVERYONE – staff, patrons, and other volunteers – you come in contact with at the library.
2. The library WILL NOT tolerate any hitting, punching, fighting (even play fighting), bullying, poking, yelling, swearing, name-calling, gossiping, throwing things or harassment of any kind.
3. Do not enter any library offices or go behind the circulation desk without permission.
4. Do not bring valuable personal items to the library. The library is a public place, and library staff cannot be responsible for any lost or stolen items.
5. Siblings, friends, or children for whom you are babysitting should not come to work with you.
6. While you are on duty, cell phone MUST be turned off; your parents may reach you by calling the library (256-461-0046).

### TEEN VOLUNTEER SIGNUP GUIDELINES

7. Only volunteer when you have signed up on the monthly calendar. If you are interested in volunteering for an extra event/additional time, you must speak with Ms Maggie or Ms Doom first.
8. You may sign up for a MAXIMUM of 2 shifts (4 hrs) per day and 2 days per week (for a combined total of 8 hours MAXIMUM each week).
9. Call the library (256-461-0046) immediately if an emergency prevents you from working your shift. If you miss a total of 2 shifts without notifying Ms Maggie or Ms Doom, you will be dismissed from your duties as a volunteer.
10. If you are here during business hours and you are not signed up to volunteer, you are welcome to use your patron privileges to read or use available public computers.

### Notes to TEEN VOLUNTEERS & PARENTS:

**Teens may be dropped from the program with or without warning, if behavior dictates it.**  
Upon request, we will write a letter of recommendation for volunteers who have completed at least 20 hours of service, have shown outstanding library behavior, and have demonstrated enthusiasm and commitment in working at the library and with library staff.

**KEEP THIS PAGE FOR YOUR RECORDS**

**Complete ALL blanks** *(neatness is important!)*

NAME \_\_\_\_\_ MALE / FEMALE \_\_\_\_\_ AGE \_\_\_\_\_

CURRENT SCHOOL \_\_\_\_\_ GRADE COMPLETED \_\_\_\_\_ **(Graduates should apply to adult program)**

HOME PHONE(S) \_\_\_\_\_ CELL PHONE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL \_\_\_\_\_

PARENT/GUARDIAN NAME(S) \_\_\_\_\_ WORK PHONE \_\_\_\_\_

**REQUIRED ADDITIONAL INFORMATION**

**1. Please attach letters of reference. Reference letters should be written by an adult (not a parent) and should discuss your reliability, honesty, people skills, etc.**

Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Reference Letter mailed  Reference letter emailed

Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Reference Letter mailed  Reference letter emailed

**2. Attach a personal essay and include the following: (a picture of you is welcome)**

Tell us about other volunteering you have done, your recreational interests, your special skills. Have you participated in library summer reading programs in the past? Why should we pick you as a Teen Volunteer over the other applicants? Do you know how to find books and other materials in the Madison Public Library? Why do you want to be a Teen Volunteer? How will you benefit from working as a volunteer at the library?

**3. Parents & Teens: Please initial by the following.**

\_\_\_\_ / \_\_\_\_ We have completely read the application form and agree with the information provided.

\_\_\_\_ / \_\_\_\_ We understand that volunteers may be dismissed if behavior dictates it.

**TEEN SIGNATURE**

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE**

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

# HUNTSVILLE-MADISON COUNTY PUBLIC LIBRARY TEEN VOLUNTEER CONTRACT

\_\_\_\_\_ has permission to participate in duties assigned as a  
(volunteer's name)  
volunteer for the Huntsville-Madison County Public Library. I, as a parent or guardian, am aware that this volunteer assignment may present a risk of injury. In consideration for allowing him/her to participate in this project, I agree to assume all risks for injuries arising out of his/her participation as a volunteer. I agree that the Huntsville-Madison County Public Library and all employees shall NOT be responsible or liable for any injury, damage, loss or expense of his/her person and/or property incurred while working as a volunteer.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

I hereby give Huntsville-Madison County Public Library the unqualified right to photograph, \_\_\_\_\_ (volunteer's name), and to put the finished pictures in media published by the HMCPL. I understand that these pictures may be used on Internet web pages, and will be accessible to anyone with Internet access and may be used in instructional setting. However, no names of subjects will be published without their prior permission.

Parent or Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Emergency Contact in addition to parent or guardian:

Contact person: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_