



# Teen Tech Volunteer Application

Please take a moment to fill out both sides of this application. Applications may be turned in to the Youth Services desk at the Port Angeles Main Branch or mailed, Attn: Youth Services, 2210 S. Peabody Street, Port Angeles, WA 98362.

Name \_\_\_\_\_ Age \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (cell) \_\_\_\_\_

E-mail \_\_\_\_\_

School (or homeschool) \_\_\_\_\_ Grade \_\_\_\_\_

List your favorite activities (hobbies, school teams/clubs or other interests)

---

---

Please mark the dates you are available. You **MUST** be able to attend a Teen Tech Orientation prior to volunteering. As a Teen Tech volunteer, your duties will include: staffing a table at the Port Angeles Main Library to help teach patrons about Nooks and databases. Volunteers must sign up for at least one orientation and two sessions. Limited volunteer spots are available.

- Wednesday, November 7, 3:30-5:30pm **ORIENTATION**
- Wednesday, November 14, 3:30-5:30pm
- Wednesday, November 21, 3:30-5:30pm
- Wednesday, November 28, 3:30-5:30pm
- Wednesday, December 5, 3:30-5:30pm **ORIENTATION**
- Wednesday, December 12, 3:30-5:30pm
- Wednesday, December 19, 3:30-5:30pm

Emergency contact person: \_\_\_\_\_

Relationship to you \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

If you are volunteering to earn community service credit, name the school or program:

\_\_\_\_\_

Contact person at school/program \_\_\_\_\_

Have you ever been involved in the juvenile justice system? \_\_\_\_yes \_\_\_\_no

If yes, Contact Person: \_\_\_\_\_ phone \_\_\_\_\_

### Reference Information

Please provide two references, who are not relatives, and who can talk about your skills.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

How does this person know you: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

How does this person know you: \_\_\_\_\_

### Please Read Carefully Before Signing

*Photographs and videos are often taken at library programs and events for use in North Olympic Library System promotional materials and on the Library website. I acknowledge that I have been informed that Teen Volunteers may be featured in photographs/videos taken at the library events, and that I understand that those images may be printed or digitally displayed by the library for library promotional purposes.*

\_\_\_\_\_  
**Signature** Date: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_  
**Parent/Guardian signature: (Required for those under 18)**  
**By signing Parent/Guardian gives permission for child to volunteer at the library.**

\_\_\_\_\_  
**(Print Parent/Guardian name)**

Thank you for your interest in volunteering at the Library!  
Volunteers are highly valued members of the NOLS team.