



StorytimeCorps Teen 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 to volunteer for the storytime corps. Duties include: reading stories in front of groups (at evening programs), assisting with crafts, designing felt boards, working with puppets, managing drop-in story corners and helping with storytime set-up. Please sign up for two or more volunteer dates. Volunteers will also be scheduled for an orientation on as needed basis. There are limited volunteer spots available. Volunteers must commit to a minimum of two volunteer spots.

- | | |
|--|---|
| <input type="checkbox"/> Tuesday, January 8, 3:30-5:00pm | <input type="checkbox"/> Tuesday, March 12, 3:30-5:00pm |
| <input type="checkbox"/> Tuesday, January 15, 3:30-5:00pm | <input type="checkbox"/> Tuesday, March 19, 3:30-5:00pm |
| <input type="checkbox"/> Tuesday, January 22, 3:30-5:00pm | <input type="checkbox"/> Tuesday, March 26, 3:30-5:00pm |
| <input type="checkbox"/> Tuesday, January 29, 3:30-5:00pm | <input type="checkbox"/> Tuesday, April 9, 3:30-5:00pm |
| <input type="checkbox"/> Tuesday, February 5, 3:30-5:00pm | <input type="checkbox"/> Tuesday, April 16, 3:30-5:00pm |
| <input type="checkbox"/> Tuesday, February 12, 3:30-5:00pm | <input type="checkbox"/> Tuesday, April 23, 3:30-5:00pm |
| <input type="checkbox"/> Tuesday, February 19, 3:30-5:00pm | <input type="checkbox"/> Tuesday, April 30, 3:30-5:00pm |
| <input type="checkbox"/> Tuesday, February 26, 3:30-5:00pm | <input type="checkbox"/> Tuesday, May 7, 3:30-5:00pm |
| <input type="checkbox"/> Tuesday, March 5, 3:30-5:00pm | |

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: _____

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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: _____

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.