



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, libraries databases and help with other technology-based projects. Volunteers must attend orientation session for two weeks and an additional two weeks of volunteering. Limited volunteer spots are available.

- | | |
|---|--|
| <input type="checkbox"/> Wednesday, January 9, 3:30-5:00pm Orientation | <input type="checkbox"/> Wednesday, March 13, 3:30-5:00pm |
| <input type="checkbox"/> Wednesday, January 16, 3:30-5:00pm Orientation | <input type="checkbox"/> Wednesday, March 20, 3:30-5:00pm |
| <input type="checkbox"/> Wednesday, January 23, 3:30-5:00pm | <input type="checkbox"/> Wednesday, March 27, 3:30-5:00pm |
| <input type="checkbox"/> Wednesday, January 30, 3:30-5:00pm | <input type="checkbox"/> Wednesday, April 10, 3:30-5:00 pm (orientation) |
| <input type="checkbox"/> Wednesday, February 6, 3:30-5:00pm | <input type="checkbox"/> Wednesday, April 17, 3:30-5:00pm (orientation) |
| <input type="checkbox"/> Wednesday, February 13, 3:30-5:00pm | <input type="checkbox"/> Wednesday, April 24, 3:30-5:00pm |
| <input type="checkbox"/> Wednesday, February 20, 3:30-5:00pm | <input type="checkbox"/> Wednesday, May 1, 3:30-5:00pm |
| <input type="checkbox"/> Wednesday, February 27, 3:30-5:00pm | <input type="checkbox"/> Wednesday, May 8, 3:30-5:00pm |
| <input type="checkbox"/> Wednesday, March 6, 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.