



# Application for Teen Library Volunteer

Springfield-Greene County Library District  
P.O. Box 760, Springfield, MO 65801, 417-883-5366

### For Office Use Only

Human Resources \_\_\_\_\_  
Background Check \_\_\_\_\_  
Placement Location \_\_\_\_\_  
Placement Date \_\_\_\_\_

THE MISSION of the Springfield-Greene County Library District's volunteers is to provide assistance to the staff in every area of operations while also providing quality customer service to the patrons in a professional manner.

Prospective volunteers will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status. Submitting an application does not guarantee placement as a Library volunteer. Incomplete applications will not be considered for review.

Last name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Street address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

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

Are you at least 14 years old?  Yes  No

Why do you want to volunteer at the Library? \_\_\_\_\_

Have you volunteered for the Library previously?  Yes  No

Are you interested in long-term or short-term volunteer work?

Long-term  Short-term How long? \_\_\_\_\_

Please check those days and times you are available to volunteer:

- |                                    |                                  |                                    |                                  |
|------------------------------------|----------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Thursday  | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Friday    | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Saturday  | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Sunday    | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |

How many hours are you available to work each week? \_\_\_\_\_

At which library branch do you wish to volunteer? (check all that apply)

- Library Center     Library Station     Brentwood Branch  
 Midtown Carnegie Branch     Outreach/Bookmobile     Ash Grove Branch  
 Fair Grove Branch     Republic Branch     Willard Branch

What extra-curricular activities are you involved in? \_\_\_\_\_

\_\_\_\_\_

What are your interests? Hobbies? \_\_\_\_\_

\_\_\_\_\_

### **Emergency Contact Information**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Physician (optional) \_\_\_\_\_

List three references, other than relatives or significant others, whom you have known at least one year:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Have you ever been convicted of a felony?

Yes  No If yes, please elaborate \_\_\_\_\_

I certify that I have answered and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by the Springfield-Greene County Library District and that misrepresentations or omissions may be cause for my immediate rejection as an applicant or my termination as a volunteer.

Your signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's signature \_\_\_\_\_