

SUMMER READING CHALLENGE VOLUNTEER APPLICATION

Name _____

School _____ Grade: (Fall 2019) 7 8 9 10 11 12

Home Street Address _____

City _____ Zip _____ Phone _____

Email _____

Have you been a SRC volunteer before? ☐ Yes ☐ No

Do you have any other commitments or vacation this summer? For example: job, summer classes, or camp? If yes, please list dates and times you are unavailable. If you are going to miss more than 2 shifts in the summer, this is not the right time for you to be a volunteer.

T-shirt size (circle one) **Adult S** **Adult M** **Adult L** **Adult XL** **Adult XXL**

(Applications received after **May 12** will receive a size Large)

Volunteers are scheduled the same day and same time each week. Write down at least four slots you are able to volunteer. Please choose carefully; we use this information to determine your schedule. *For example, Wednesday 1 - 3 pm.*

1. _____
2. _____
3. _____
4. _____

Available time slots:

Sunday - Saturday, June 1 - July 28

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	9-11am	9-11am	9-11am	9-11am	9-11am	9-11am
	11am-1pm	11am-1pm	11am-1pm	11am-1pm	11am-1pm	11am-1pm
1-3pm	1-3pm	1-3pm	1-3pm	1-3pm	1-3pm	1-3pm
3-5pm	3-5pm	3-5pm	3-5pm	3-5pm	3-5pm	3-5pm
	5-7pm	5-7pm	5-7pm	5-7pm	5-7pm	
	7-9pm	7-9pm	7-9pm	7-9pm	7-9pm	

Need to carpool or volunteer with a sibling?

☐ Yes, I need to work the same shift as:

TEEN VOLUNTEER AGREEMENT

The Des Plaines Public Library agrees:

- To provide you, as a Volunteer, with a safe work environment.
- To provide supervision and training by a member of the Library staff, who will answer your questions and provide feedback regarding your work.
- To recognize your contributions as a Volunteer to the success of the Library's Summer Reading Challenge.

As a Teen Volunteer, I agree:

- To abide by the rules of the Library and the guidelines set by the Library Staff.
- To maintain accuracy of any computer records I create or access, and maintain the privacy of those records.
- To arrive on time and check in with staff upon arrival at the 2nd floor.
- To be enthusiastic and friendly to every Library patron, fellow Volunteer, and staff member.
- To call the Library at 847-376-2839 as soon as possible if I am unable to work my volunteer shift.
- To dress appropriately and wear the uniform shirt provided.
- To be removed from Volunteer service if I don't follow the policies and procedures as described by Library Staff.

As a Parent/Guardian, I agree:

- To encourage my teen to strive for good work habits, attendance, and behavior.
- To make sure my teen arrives on time and is picked up at the end of their work shift.
- To emphasize the importance of my teen's volunteer responsibility.

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Emergency Phone: _____

- Thank you for applying. Please return this portion of the application to the Youth Services Desk by **5/19/19**



1501 Ellinwood St., Des Plaines, IL 60016
847.827.5551 • dppl.org

Staff Only

DATE: _____ TIME: _____ Staff Initials: _____

Training Date: _____

☐ Viewed T-shirt sample

☐ Schedule Confirmed

☐ Guaranteed T-shirt

☐ Training info given

☐ Login Created