

Teen Volunteer Application
Avon Grove Library
117 Rosehill Avenue, West Grove, PA 19390

Date of Application: _____

Name: _____

Date of Birth: _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

We communicate with our teen volunteers through email! An email address must be provided.

Emails may be personal, school, or the email of a parent

Email: _____

Daytime Phone: _____ Cell: _____

Previous Volunteer/Employment Experience:

Have you even been convicted of a crime (other than a minor traffic offense that resulted in a fine)? ____yes ____no

If yes, please explain: _____

Emergency Contact: Name: _____ Phone: _____ Relationship _____

Applicant's Signature: _____

**Applicants under the age of 18
Must be signed by parent or guardian**

_____ has my permission to work as a volunteer at the Avon Grove Library.

Signature: _____ Name (Print): _____

Relation to Applicant: _____ Phone: _____

Thank you so much for your interest in volunteering at Avon Grove Public Library!
We look forward to working alongside you in the near future. Please mail or drop this
form off at your earliest convenience, and we'll be sure to add you right away!

Avon Grove Library is a member of the Chester County Library System



AGL Teen Volunteer Contract

Please read each guideline and initial each box. Volunteers must agree to each statement in order to be considered.

I understand that Avon Grove Library cannot guarantee me volunteer hours.

I understand that I am to dress in neat, clean, and appropriate clothing while volunteering.

I understand that, in the case of outdoor volunteering, I am responsible for providing my own water and sunscreen or other means of protection against the elements.

I understand that I am to follow all of Avon Grove Library's current social distancing guidelines for volunteers, such as wearing a mask and maintaining social distance from others. I understand that these guidelines are subject to change and I will adapt to them as needed.

I understand that I am to behave respectfully and kindly to Avon Grove Library's facility, staff, other volunteers, and patrons.

I understand that I am expected to show up on time for volunteer duties. I will let the teen volunteer coordinator know as soon as I can if I am to be late or unable to make a volunteer program I signed up for.

I understand that I am not to be on my phone texting, calling, playing games, listening to music, etc. while volunteering.

I understand that I am responsible for recording my volunteer hours. Hours that I do not write down may not be counted since they are not on record. Avon Grove Library has the right to take away any volunteer hour credit if hours are questioned as being falsified in the volunteer log book.

I understand that I may receive a warning/reminder from library staff if I am not performing my volunteer duties or not following volunteer guidelines.

I understand that the AGL Teen Volunteer Coordinator has the right to dismiss me from both the pen pal and volunteer program as well as revoke my volunteer credit if I continually go against the volunteer guidelines.

Applicant's Signature: _____ Date: _____