

**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: \_\_\_\_\_