

Monona Public Library
Summer Library & Reading Program
2016 Teen Volunteer Application Form

The Teen Volunteer program is for youth entering grade 6 to entering grade 12. It is an opportunity for teens to interact with young children, demonstrate cooperation and responsibility, and develop good work habits.

If you are interested and can commit to 25 or more hours of regular, weekly volunteer service during open hours, between June 13 and August 15, read and complete this Application Form by the deadline.

Volunteering at the library looks great on applications and you gain experience as well as references for part-time jobs, scholarships, and colleges. Teens who complete their volunteer work will receive an award, a letter of reference for their resume folder, and an invitation to a special recognition gathering for Teen Volunteers.

WHAT DO TEEN VOLUNTEERS DO?

Help children, teens, and adults sign up for the Reading Program; give out reading incentives; record data; help set up, run, and clean up after events for children, teens, and families; and provide valuable assistance.

SKILLS

1. Reliable; honest; mature.
2. Respectful to children, their parents, and library staff.
3. Thinking ability; problem solving; creativity; enthusiasm; initiative.
4. Enjoy reading and using the library.

REQUIREMENTS

1. Complete the City of Monona Volunteer Agreement on page 5. Return with application.
2. Familiarize yourself with how the reading program works; check your Training Handout as needed.
3. Assist with Reading Club enrollment; hand out & record reading awards; help with events as assigned.
4. Set a good example for others by reading when you are at the desk.
5. Join the reading program and complete it by the deadline!

RESPONSIBILITIES

1. Dress and grooming should be clean, neat, and appropriate for a representative of the library.
2. Arrive on time as scheduled, use appropriate language, speak quietly, converse with friends after, not during, volunteer hours.
3. Behave responsibly and maturely at all times.
4. Do not enter any library offices or go behind the circulation desk without permission.
5. Let Rob (and CC Karen) know about schedule changes or if you exchange hours with other volunteers.
6. Call the library immediately if an emergency prevents you from working your shift.
7. Do not initiate discussion of religious, political, or other personal matters with children.
8. Do not attempt to contact patrons outside of the library setting; do not offer to take children anywhere.
9. Report any concerns or problems to a library staff member immediately.
10. Computers should only be used for updating summer reading program information- not for games, Facebook, or anything other than official reading program business.

EXTRA TASKS

Keep the children's room neat and clean; pick up books, put away puzzles, dust shelves, read, etc.

NOTES

You may be dropped from the program with or without warning if your behavior dictates such. We will write a letter of recommendation for volunteers who have completed at least 25 hours of service, have shown outstanding library behavior, and have demonstrated enthusiasm and commitment in working at the library and with library staff.

QUESTIONS?

Contact: karen@mononallibrary.org / 608-216-7456 or rsmithson@mononallibrary.org / 216-7459

Application for Monona Library Teen Volunteer

Deadline: May 31st at library closing.

Your application may be disqualified if you fail to complete all of the information in each section of this application, including references, your signature, and the signature of your parents.

We will contact you by Friday, June 3 to let you know if you were accepted into the program or not.

We get more applicants than we can take -- if it happens that you don't get in, please try again next year.

(Complete this form - Please print neatly. Neatness & completeness are considered when choosing volunteers.)

NAME _____

MALE / FEMALE _____ AGE _____

CURRENT GRADE _____ CURRENT SCHOOL _____

EMAIL _____ (We use email to keep you updated about your work schedule, responsibilities and upcoming events. We use Gmail at the library and the schedule will be on a Google Calendar.)

STREET ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE(S) _____ CELL PHONE _____

PARENT'S NAME(S) _____ WORK PHONE _____

_____ WORK PHONE _____

SHIRT

Friends of the Monona Library provide a T-shirt.

Mark 1st, 2nd, 3rd choice. Adult Lrg ____ Adult Med ____ Adult Sml ____

REQUIRED TRAINING

You are required to attend at least one training. Each training session below is the same.

Please bring your calendar (summer plans), pencil, & notebook to the training.

_____ Wednesday, June 8: 6 to 7:30PM

_____ Thursday, June 9: 10:00 to 11:30AM

_____ Monday, June 13: 4:30 to 6PM

Junior Volunteering was a good way to spend two summers.

It was also a good way to get to know other young adults and library staff.

And now, I work at the library! Rob

Teen Volunteering has opened up my path of opportunities. The program helped me get a job and helped me with meeting new people. Michaela

MONONA LIBRARY SUMMER HOURS

Monday - Wednesday 9:00 a.m. to 8:00 p.m.;

Thursday & Friday 9:00 a.m. to 6:00 p.m.;

Saturday 9:00 a.m. to 5:00 p.m.

REQUIRED: Complete thoroughly and neatly.

1. Two References required, *not* a relative. Teacher, neighbor, employer, etc. Print clearly.

Please attach letters of reference. Reference letters should include how reliable, honest, and trustworthy you are, your work ethic history, your communication and people skills, interests, etc.

Name _____ Relationship to applicant _____

Reference Letter included _____ Reference letter emailed _____

Phone _____ Email _____

Name _____ Relationship to applicant _____

Reference Letter included _____ Reference letter emailed _____

Phone _____ Email _____

2. Attach a handwritten letter and include the following: (a picture of yourself is optional, but welcome)

Tell me about other volunteering you have done, your recreational interests, your special skills.

Have you participated in library summer reading programs in the past?

Why do you want to volunteer to be a Teen Volunteer? Have you applied to be a TV in the past?

Why should we pick you as a Teen Volunteer?

How will you benefit from working as a volunteer at the library?

3. Required: Please read the application thoroughly, front and back. Complete all sections, and sign below.

____ I have read the above application form completely.

____ I agree to work responsibly and conscientiously at my volunteer duties.

____ I will work for at least 25 hours between June 8 and August 15 as a Teen Volunteer.

____ I will behave appropriately in the library, limiting computer use to only volunteer responsibilities.

____ I will call other Teen Volunteers to try to find a substitute if I cannot work on my scheduled date/time.

____ I will call the library if an emergency prevents my from working my shift. 608-222-6127

____ I will keep track of my time worked and duties performed on the Time Sheet provided.

TEEN VOLUNTEER SIGNATURE: _____

4. Required: PARENT/GUARDIAN PERMISSION: (Please sign agreement to conditions)

Your child's name, phone, and email *will be included on a substitute list* so that Teen Volunteers can make arrangements for someone to cover their scheduled time if they take off due to vacations and emergencies.

I use a group email (jvmonona@mononalibrary) to send announcements.

Teen Volunteers are responsible for checking email weekly and knowing their work schedule.

1. I have completely read the application form with my child and agree with the information provided.

2. I agree to help my child be responsible for the time they sign-up to work their volunteer hours &

I will send food with my child if they are working through a lunch or dinner hour.

3. I consent to the use of photographs or videos of my child taken during community service by any representative of Monona Public Library or any TV or paper news reporter, in exhibits, or any media this year and in the future (newsletter, library website, promotional posters, brochures, etc).

PARENT/GUARDIAN SIGNATURE(S)

Sign: _____ **Date:** _____

Sign: _____ **Date:** _____

Important! Volunteer weekly from June 13 through August 15

Read and answer carefully. Please indicate hours you are available to work at the Reading Program Desk.

SUMMER VOLUNTEER WORK SCHEDULE

We are looking for a weekly commitment, averaging 4 hours or more a week. We will do our best to accommodate your preferred schedule, however, we need to have someone covering the desk for as many open library hours as possible. We schedule 2 to 4 hour **desk shifts**. Bring a snack or lunch if needed.

This is important information. If you do not understand how to complete this, please contact Rob or Karen.

Maximum number of hours per week you are willing to work: _____ (example: 6 - Up to 6 hours per week)

Number of days per week you prefer to work: _____ (example: 3 - Three 2 hour shifts per week)

Mark in the boxes below:

P = Preferred schedule **Shade in times you are NOT available.**

If you leave it blank, we will assume you are available but it isn't your preferred time to volunteer.

If you are interested in helping with any of the programs below, please mark a 'P' in the corresponding box.
This does not mean that you will be scheduled for a program.

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9-10						
10-11				Storytime Program		
11-12	STEM Program					
12-1			Family Program		Tween Program	
1-2						
2-3						
3-4						
4-5	LEGO CLUB					
5-6						
6-7		Meet & Greet Program	Adult Program			
7-8						

VACATION: Please cross off days/weeks in the calendar below which you are not able to work.

If you are selected as a volunteer, you may provide additional days/times you are not available to work.

June 2016							July 2016							August 2016						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
5	6	7	1	2	3	4	8	1	5	6	7	8	9	7	8	9	10	11	12	13
12	13	14	15	16	17	18	16	11	12	13	14	15	16	14	15	16	17	18	19	20
19	20	21	22	23	24	25	17	18	19	20	21	22	23	21	22	23	24	25	26	27
26	27	28	29	30			24	25	26	27	28	29	30	28	29	30	31			
							31													

Please return this application before Tuesday, May 31, 8PM

CITY OF MONONA

VOLUNTEER AGREEMENT

In consideration for being permitted by the City of Monona ("the City") to perform the volunteer activities described in the attached Volunteer Project Information Sheet, I agree as follows:

I agree to comply with all rules and regulations which may be required by the City in regards to volunteer activities and immediately cease such activities upon request by the City. I understand that the activities may involve risks of injury, loss or damage, including but not limited to, bodily injury, sickness, disease, death, and property loss or damage. I recognize the inherent danger involved, take full responsibility for my actions and physical condition and assume all such risks. I release and hold harmless the City, its elected and appointed officials, officers, employees, and authorized representatives from any liability, claims, demands, damages, legal actions, costs, and expenses, including attorneys' fees, of whatsoever kind or nature (including those listed above) which arise from any injury to myself during my participation in the volunteer activities and any injury, loss or damage to other persons or property arising from my negligence.

I understand that I will receive no compensation from the City for the volunteer activities. I understand that I will be performing the volunteer activities without any supervision or guidance by any City employees or officials and will not be considered an employee or agent of the City for any purpose. I represent to the City that I am in good physical health and have no health restrictions which would preclude me from safely performing the volunteer activities.

I agree to be solely responsible for ensuring that my property and equipment is used safely and properly maintained. I shall have sole responsibility for the protection of my property against theft, damage or loss. I will remove all equipment and debris generated by the volunteer activities from City property immediately upon the earlier of (1) completion of the volunteer activities or (2) 15 days from the date of this agreement.

I HAVE READ THIS ENTIRE DOCUMENT PRIOR TO SIGNING IT.

(Signature)

(Printed/typed name)

Date

PARENT/LEGAL GUARDIAN:

I am the parent or legal guardian of the above minor volunteer. I have read this entire agreement and consent to the child participating in the volunteer activities. I agree to take full responsibility for the safety and actions of the child. At all times the child is performing any volunteer activities he or she will be either under my direct supervision and control or that of another responsible adult in whose care I have placed the child. I agree to be bound by all provisions of the agreement, including but not limited to, the release, hold harmless and indemnity provisions.

(Signature)

(Printed/typed name)

Date