



Teen Volunteer Packet

Thank you for your interest in volunteering at the Ennis Public Library! Whether you are here to complete just a few service hours or to begin a regular schedule, volunteers help with the day to day business of the library.

To be considered for a volunteer position at the library, you must first fill out the attached application and turn it in to the Children's Department. We will review your application and get in touch with you as soon as possible to schedule training sessions. During training, you will be given shelving quizzes. Please note, you must score a 100% on your shelving quiz before you can begin shelving with us. You can, however, participate in other volunteer activities until you get a 100% on the shelving quiz.

Unfortunately, we cannot always accommodate volunteers. Sometimes the library's needs do not match up with a particular volunteer's skill set or hours requirement (for example, needing a large number of hours in a short time). At other times, we find ourselves unable to provide adequate supervision due to our limited staffing.

All volunteer shifts must be scheduled in advance of volunteering. All volunteer shifts are scheduled on a first-come, first-served basis. Shifts may be up to two hours at a time. Volunteers may not work more than one shift per day, and may not work more than 10 hours per week. Primary duties may include shelving, shelf-reading, and dusting. In the case of special programs, special sign-up sheets will be made available. Participation in special programs does not count towards the maximum hours for a given week.

Once your application is complete, we will keep it on file for one year, at which point you will need to reapply to remain in consideration. Teen volunteers play an important role at the library; we are excited to work with you!

Teen Volunteer Application

(Please Print)

Name: _____ Date: _____

Address: _____

Phone (home): _____ (cell): _____

Date of Birth: ____ / ____ / ____ Gender: M ____ F ____ Age: ____

School: _____ Grade Level? ____ Graduation Year: ____

Emergency Contact (parent/guardian)

Name: _____ Relationship: _____

Phone: _____

Please circle the days you are able to work and write the times desired underneath.

Mon. Tues. Weds. Thurs. Fri. Sat.

Do you fluently speak, read, or write any language other than English? No Yes

If yes, please specify: _____

What work or volunteer experience, skills, training, or interests could you apply to work as a library volunteer?

Signature

Volunteer Agreement and Code of Conduct

- I will arrive on time, sign-in and notify a staff member I am here. If I am unable to do this I will call 972-875-5360, giving 24 hours' notice when possible.
- I will remain on task until my time slot has ended (except for restroom breaks) and I will notify a staff member when I am taking any sort of break or leaving for the day.
- I will speak with my Volunteer Contact if I need to make changes to the schedule.
- I will perform my duties as assigned in a pleasant manner. If I have any questions about what I am to do, I will ask a staff member.
- I will refer patrons to the staff members on duty when questions arise that are not directly related to my job.
- I will be courteous and respectful to library patrons, staff and other volunteers at all times.
- I will not bring food into the library during my volunteer shift.
- I will wear a volunteer button when I am working.
- I will wear appropriate attire to the library (no bathing suits, no bare mid-riffs, no short-shorts, no short skirts, no clothing with offensive or threatening messages).
- I will keep socializing to a minimum.
- I will not use electronic equipment while on duty, including text messaging, listening to music, playing on the computer or playing games unless given special permission. Additionally, I will keep my cell phone in my pocket on vibrate and will not make or receive any calls that are not emergencies.

Signature

Parent/Guardian Approval

Parent/Guardian approval is required for volunteers 17 and under.

(Please Print)

Name: _____ Relationship: _____

Phone: _____

I give my permission for my child, _____, to volunteer at the Ennis Public Library.

Parent/Guardian Signature

Date

Volunteer Liability Release

_____, 20____.

City of Ennis
P.O. Box 220
Ennis, TX 75120

Dear Sir or Madam:

I am volunteering my services to perform tasks such as shelving and general library help, moving items, assist with special events, and to assist on special projects at Ennis Public Library. I understand and agree that I will not be considered an employee, agent, or servant of the City of Ennis, that I will not receive any compensation for my services, and that I am not authorized to make any agreement of statement of behalf of the City of Ennis. I will forever save, protect and hold the City of Ennis harmless and from all liability that arises from any injury to person(s) or property in any way arising or related to the services performed, or fail to perform while serving as a volunteer based upon the understanding and agreement.

Thank you for accepting me as a volunteer to work on the project which improves the quality of life in the community.

Sincerely,

Signature