



STRATFORD LIBRARY ASSOCIATION
TEEN VOLUNTEER APPLICATION: CHILDREN'S DEPARTMENT

Please print:

| | | |
|---------------------------|-------|---------------|
| Name: | | Date: |
| Address | | |
| City | State | Zip |
| Phone: | | |
| Email: (not school email) | | |
| School: | Grade | Year of Birth |
| Parent/Guardian Name: | | |
| Emergency Phone Number: | | |

Do you need volunteer hours for mandated community service including court ordered service and Juvenile Review Board service? If yes, the Children's Department is unable to accommodate these requests. Please do not submit an application. Yes No

Days/Times you are available: (Check all that apply.)

| | | |
|---|---|--|
| <input type="checkbox"/> Monday afternoons | <input type="checkbox"/> Monday evenings | <input type="checkbox"/> Saturdays 10am-12pm |
| <input type="checkbox"/> Tuesday afternoons | <input type="checkbox"/> Tuesday evenings | <input type="checkbox"/> Saturdays 12pm-2pm |
| <input type="checkbox"/> Wednesday afternoons | <input type="checkbox"/> Wednesday evenings | <input type="checkbox"/> Saturdays after 2 pm |
| <input type="checkbox"/> Thursday afternoons | <input type="checkbox"/> Thursday evenings | <input type="checkbox"/> Sundays 1pm-5pm (school year only) |
| <input type="checkbox"/> Fridays 3-4 pm | | |

Are you volunteering to complete requirements for community service?
 (For example: High School Graduation requirements, National Honor Society, Church, Scouting, etc.?) Yes No

If you answered 'yes,' please complete the following:

| |
|---|
| Organization name: |
| Total # of hours required: |
| Date by which hours need to be completed: |

Describe any previous volunteer/work experience:

Please tell us about your hobbies and skills, including any languages spoken:

Personal Statement: Please submit a brief personal statement that details why you are interested in volunteering for the Stratford Library Children’s Department. The program description is below.

Description of Program

The Stratford Library Children’s Department accepts students entering grades 8 to 12.

Volunteer work includes assisting with Children’s Department activities and programs, craft preparations, organizing supplies, reading tutoring, and grab ‘n’ go pickups.

Teens must be self-motivated, responsible, and should enjoy working with children. **Attention to detail, organizational skills, and arts and crafts/measuring/spatial skills are very useful.** Application and training are required.** For those seeking an accommodation for health/family reasons, off-site virtual volunteering is available on a limited basis based on current Library needs. Volunteers agree to follow all Library safety requirements*, the Library Patron Code of Conduct, and the volunteer training guidelines.

Additional Information (does not need to be submitted with the application)

To submit your completed Volunteer Application (including your personal statement), please do one of the following:

- Drop it off to the Children's Desk on the 2nd floor of the Library.
- Email it to childrens@stratfordlibrary.org – do not forget to include a subject line. ***Do not share the file from your school Google Drive – attach it to the email!***
- Mail it to: Stratford Library Children's Department, 2203 Main Street, Stratford, CT 06615.
- Place it in an envelope (labeled Attention: Children's Dept.) and leave it in the outside book drop.

*In the interest of health and safety, all Stratford Library volunteers will need to adhere to Library safety guidelines at all times.

** While we appreciate the time and effort involved in expressing volunteer interest, volunteer experiences are dependent on Library needs, and the Library is not able to provide volunteer opportunities to everyone who submits an application and/or interviews.

Questions? Email: childrens@stratfordlibrary.org or call 203.385.4165

Stratford Library / 2203 Main Street / Stratford, CT 06615 / 203.385.4165