

**FOR OFFICE USE**

Volunteer Ref # \_\_\_\_\_ Date \_\_\_\_\_

**Hardin County Library Teen Volunteer Application**

Thank you for your interest in volunteering with Hardin County Public Library. Volunteers play a vital role in our community. All volunteer applications are reviewed with consideration of current volunteer opportunities. The information you provide will be stored in confidence under the provisions of the Data Protection Act. Your completed form will be held securely and confidentially. Teen Volunteer program is open to Students ages 12-18. Only authorized staff will have access to your information

**Please print**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip. \_\_\_\_\_

Telephone \_\_\_\_\_ Email: \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_

**Physical Limitations:**    No    Yes (Please Explain)**Education (highest level completed)**

Grades 1-5    6-8    9-10    11-12    College

**What are your intentions for volunteering? (Check all that apply)**

- ☐ School Organization
- ☐ Community Service
- ☐ Love Libraries
- ☐ Other \_\_\_\_\_

Would you like us to keep an organization abreast of your volunteer service and achievement: No Yes?

**List previous volunteer experience, special training, or hobbies:**

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**Skills (List your skills and indicate proficiency level)**      Skilled    Can Teach    Amateur

- 1.
- 2
- 3

**Volunteer availability: (Circle all that apply)**

Number of Days per week: 1 2 3 4 5

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday      No Preference

**How many hours per week do you intend to volunteer?**

**How many total hours are needed?**

**Are you applying for a long-term or a short-term volunteer position?**

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**References:**

Please list three people who know you well and can attest to your character, skills, and dependability. Include your current or last employer.

Name/Organization	Relationship to you	Length of relationship	Phone number

**Please read the following carefully before signing this application:**

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with the Hardin County Public Library that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by the Hardin County Public Library. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with the library or my termination as a volunteer.

I declare that the information I have provided is true.

(Signature/Volunteer)    (Signature/Staff)    (Date)

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**In an emergency, notify:**

First Name

Last Name

Address

City/State/Zip

Telephone

I declare that the information I have provided is true.

(Signature/Volunteer)

(Signature/Staff)

(Date)

**For office use only**

**Notes**

Volunteer Position \_\_\_\_\_

Volunteer Interview \_\_\_\_\_

References Collected \_\_\_\_\_

Volunteer Start Date \_\_\_\_\_

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