

# Glen Rock Library Teen Advisory Board Application

Thank you for your interest in joining the Teen Advisory Board! Please fill out the following to help us learn more about you.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Emergency contact name and phone number: \_\_\_\_\_

There are many volunteer opportunities at the library. What type of volunteer work would you be the most interested in performing? Circle any that interest you:

- Assisting with Teen Programs
- Reviewing books, magazines, video games, movies, and or music
- Working with books in the library (shelving, creating book displays, entering data, etc.)
- Assisting with advertising for Library Events
- Assisting with Children’s Programs
- Other (please explain):

Please list day and times available to volunteer below.

Library hours listed below. Summer hours are bracketed.

Sunday 1-5[closed]	Monday 9-9	Tuesday 9-9	Wednesday 9-9	Thursday 9-9	Friday 9-5:30	Saturday 9-5 [10-2]

List/summarize your previous work and/or volunteer experience (if any):

References: Please list two people we can contact.

Reference #1

Name: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

Reference #2

Name: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

**Criminal History Information:**

Some volunteer positions at Glen Rock Library require criminal history information. Please complete the following question. We will notify you if we need further information.

**Have you ever been convicted for a violation other than a minor traffic offense? Circle one:**

**Yes**

**No**

If yes, please state the date and nature of the offense.

*I hereby certify that the information on the above application is true and complete to my knowledge. My signature authorizes the Library to verify any of the information on this application and to secure information from the former employers or personal references.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to Jen, Teen Librarian at Glen Rock Library, 315 Rock Road, Glen Rock, NJ 07452

Thank you! We reserve the right to limit the number of volunteers on the basis of openings, ability to train, and suitability for the particular position open.