



## Teen Volunteer Application Form

### Personal Information

Last Name:	First Name:
Address:	
City:	Postal Code:
Phone: (     )	Email:
Date of Birth:	Gender:    Male <input type="checkbox"/> Female <input type="checkbox"/>
Grade:	School:
Languages Spoken:	
Emergency Contact:	Phone:
Have you ever volunteered at the Port Moody Public Library?    Yes <input type="checkbox"/> No <input type="checkbox"/> ⇒ If yes, when did you volunteer and for which program?	
Why would you like to volunteer at the Port Moody Public Library?	
Relevant volunteer and/or work experience:	

### Volunteer Opportunities

Which volunteer opportunities interest you?

Tech Café                       Book Buddies

**Tech Café volunteers only:** Please tell us about the software and hardware you are comfortable working with, by checking each box that applies.

<input type="checkbox"/> Email	<input type="checkbox"/> Attachments (downloading, uploading, saving)	<input type="checkbox"/> eReaders and eBooks
<input type="checkbox"/> Smartphones	<input type="checkbox"/> File management (saving, creating, organizing folders)	<input type="checkbox"/> Using flash drives
<input type="checkbox"/> MS Word	<input type="checkbox"/> Social media (Facebook, Twitter, YouTube etc.)	<input type="checkbox"/> Internet searching
<input type="checkbox"/> MS Excel	<input type="checkbox"/> Library website	<input type="checkbox"/> iPads & other tablets
<input type="checkbox"/> MS PowerPoint	<input type="checkbox"/> Windows operating system	<input type="checkbox"/> Apple operating systems
<input type="checkbox"/> Other (please specify):		

## Availability

	Mon	Tues	Wed	Thurs	Fri	Sat
Morning						
Afternoon						
Evening						

## References

Please provide the name and phone number of two adult references (non-family) who can be reached during regular business hours.

Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

## Signature of Applicant

I declare the information provided to be true and complete, and authorize the Port Moody Public Library to obtain references from those named above. I understand that to ensure the safety of library customers, I will be asked to complete a Police Records Check at no cost to myself if selected as a volunteer.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

## Parental Acknowledgement Form

(To be completed for volunteer applicants under the age of 19 years)

I acknowledge that my son/daughter \_\_\_\_\_ has applied as a teen volunteer with the Port Moody Public Library, in the Tech Café / Book Buddies program.

I acknowledge that the volunteer recruitment process at the library includes a police record check and the collection of personal information.

\_\_\_\_\_  
Name of Parent/Guardian (Please Print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Thank you! We appreciate your interest in becoming a teen volunteer at Port Moody Public Library.  
Completed application forms should be returned to:  
Port Moody Public Library, 100 Newport Dr., Port Moody V3H 5C3 (Attn: Youth Services Librarian)**

The information on this form is collected under the authority of the *Freedom of Information and Protection of Privacy Act* and shall not be used or disclosed for purposes other than determining eligibility and suitability for volunteering at Port Moody Public Library. Questions regarding the collection of this information should be addressed to the Director of Library Services.