



Teen Volunteer Application Form

Personal Information

Last Name:		First Name:	
Address:			
City:		Postal Code:	
Phone: ()		Email:	
Date of Birth:			
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 library?			
Relevant volunteer and/or work experience:			

Volunteer Opportunities

Which program are you applying for? (Check all that apply)

<input type="checkbox"/> Tech Café	Saturdays, 11-12pm
<input type="checkbox"/> Book Buddies	Tuesdays, 4-4:45pm
<input type="checkbox"/> Book Buddies	Saturdays, 9:30-10:15am
<input type="checkbox"/> Code Club	After school Wednesdays, once a month

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

Desktop operating system:	<input type="checkbox"/> Windows	<input type="checkbox"/> Apple
Tablets / smartphones:	<input type="checkbox"/> Android	<input type="checkbox"/> Apple
Microsoft products:	<input type="checkbox"/> Word	<input type="checkbox"/> Excel
Social media:	<input type="checkbox"/> Facebook	<input type="checkbox"/> Twitter
Music services:	<input type="checkbox"/> iTunes	<input type="checkbox"/> Streaming
Other:	_____	

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

Photo Release

I give / do not give (please select one) Port Moody Public Library permission to publish photographs of my son/daughter for promotional, editorial, advertising or marketing purposes. I understand the photographs can be in any medium including, but not limited to, print, newspaper, magazine, City's website or social media sites.

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.