



## 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 – FALL 2018

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

**Please note: You must be available to attend all program sessions.**

- Book Buddies Tuesdays, Oct 2-Dec 4, 4:30-5:30pm
- Book Buddies Saturdays, Oct 6-Dec 8, 9:30-10:30am
- Book Buddies Saturdays, Oct 6-Dec 8, 10:45-11:45am
- Young Writers Fridays, Oct 19 and Nov 9 2-3:30pm
- Code Buddies Thursdays, Oct 4-Nov 22, 4:30-5:30pm
- Tech Buddies Fridays, Oct 5-Oct 26, 5:30-6:30pm
- Tech Buddies Saturdays, Nov 3-Nov 24, 1:00-2:00pm
- Homework Tutors Wednesdays Oct 3-Nov 28 5:00-6:00pm

## 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 child \_\_\_\_\_ has applied as a teen volunteer with the Port Moody Public Library.

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.