

**Rolla Public Library
Volunteer Program
TEEN**

Name of Volunteer: _____ Contact #: _____

Name of Parent Contact: _____ Contact #: _____

Emergency Contact #(s): _____

Both volunteer and parent/guardian should agree to the following and sign below:

The volunteer for our Teen Volunteer Program will commit to a minimum of eight work hours per week and will arrange a specific work schedule with the library staff.

The volunteer will agree to conduct him/herself in a respectful manner while representing the library and working with children, families and individuals during the Summer Reading Program. The volunteer will always be accompanied by library staff and will be there for staff support only. He/she will not be expected to lead any programming but will serve in an assisting capacity.

The volunteer may be trained on how to register library patrons in reading programs through the online Beanstack program by using a library laptop. The volunteer will be trained fully in how to use this program. The volunteer may be privy to some confidential patron information such as contact information and listings of books read, etc. The volunteer will agree to keep all patron information viewed via online accounts confidential; protecting patron privacy is of vital importance for library staff.

The volunteer will contact a designated library staff member if he/she is unable to make it to a scheduled shift.

Thank you so much for being a volunteer and helping us through this teen volunteer program!

Volunteer signature: _____ Date: _____

The parent/guardian of the teen volunteer agrees to be available in an emergency via phone. Please note - at least one additional emergency contact is required."

Parent signature _____ Date: _____