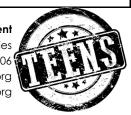


Volunteens help out in the Teen Services Department to gain work and community service experience, to earn service learning or volunteer credit, or just for fun! Volunteen drop-in hours are Saturday from 9-11am (limited to the first 3 teens) or by appointment (email teens@infodepot.org).

Volunteen Contact Information	
Name	Date of Birth / /
Full Mailing Address	
School	Grade
Email	Phone #
Volunteer History	
Do you have previous volunteer experience? Y/N	
If yes, please name the organization:	
What were your responsibilities?	
Do you have special skills or training? (technology, computers, social media, writing, sig	n language, etc.)
Why are you interested in volunteering at the library?	
Are you currently a member of our Teen Advisory Group (TAG)? YES NO	
If no, would you like more information about TAG? Monthly meetings count as voluntee	er credit! YES NO





Availability								
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
Times								
Please list any specific availability details here. (This includes days/times you can never volunteer, certain dates, etc.)								
The Library agrees to:								
 Provide training, supervision and assistance throughout the duration of the volunteer experience. This includes an- 								
swering questions, p	swering questions, providing instruction and giving helpful feedback to our volunteers.							
•								
Provide a safe workRecognize your volume	•	•						
As a Volunteen, I agree to:								
	Follow the rules of the library. This includes arriving on time and following the dress code. Representing to instruction provided by library staff.							
 Be receptive to instruction provided by library staff. Accurately record volunteer hours on the Volunteen time sheet. 								
Communicate questions if I don't understand. There are no wrong questions!								
Let us know in advance if you are unable to volunteer on your scheduled day.								
As a parent/guardian, I	agree to:							
 Make sure that my t 		olunteering on t	ime.					
Support the importor	nce of my teens	s volunteer respo	onsibility .					
This signed Volunteen application gives the Spartanburg County Public Libraries permission to use photographs, videos, or interviews of me or my minor child understanding that they will be used for the purposes of education,								
promotion or communic	cation on behalt	f of the library.						
Volunteen's Signature				Date				
Parent/Guardian's Sign	ature			Date				
Library Staff Signature				Date				
Library stati signature				Daic				