Pittsylvania County Public Library System
Young Adult Volunteer Application & Guidelines

Please complete both sides of this application so that we can discover more about you, your interests, your skills, and your intentions in volunteering with us.

Name

Address

Telephone

Emergency Contact: Name: Telephone:

How did you hear about our volunteer program?

What is your availability: □ Weekly □ Summer only
□ Periodically (on-call) □ School year only START DATE:______________

Please indicate the times of day you will be available to volunteer:

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<th>Wed</th>
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What would you like to do while volunteering with us?

□ Assist with summer □ Assist with Children’s Programs □ Assist with Special Events reading
□ Shelf maintenance □ Shelving
Other (please list):

What school do you attend?___________________________Grade?____________

Signature: ___________________________ Date: __________________________

Please print your name:

To be completed by parent/legal guardian for volunteers under age 18:

Date_______. ___________________________[name] has my permission to work as a volunteer in the Pittsylvania County Public Library System.
**Young Adult Volunteer Guidelines**

- Young adult volunteers must be between 13 and 17 years old to work at the Pittsylvania County Public Library.
- A parent or legal guardian must sign the applications, giving permission for the youth to work here.
- Youth volunteers are responsible for arranging their own transportation to and from the Library.
- Library etiquette is to be followed. This includes
  - No running, shouting, or other distractions while on library property.
  - Friends should not join you or call you on the phone while you are working.
  - Appropriate dress is required. Ask the staff supervisor for more information.
  - No food or drink.
  - Cell phones must be turned off while you are volunteering.
- Please call the library if you are unable to come in on a day you are scheduled to volunteer.
- Sign in with the staff member supervising you.
- Work assignments will be available for you each day you volunteer. Please ask if you need more direction to complete your tasks.
- Please let the staff know when you have finished your time and are leaving.

We are happy you have decided to volunteer at the library and hope this will be an enjoyable experience for you. Please sign below, indicating you agree to these guidelines. A copy of this agreement will be given to you for future reference.

I have read and understand the youth volunteer guidelines:

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Signature                                      Date

Please print name