



APPLICATION FOR TEEN VOLUNTEER LIBRARY PAGE POSITION

Thank you for your interest in volunteering as a Library Page at the Rockwall County Library. A Library Page is a person trained to reshelve books correctly and keep the shelves in order. Teen pages work a regular schedule, coming in once a week for 90 minutes. A commitment of at least one semester is required.

Our teen volunteer program involves the following process:

1. An interview, which includes two tests
 - a. ALPHABETICAL ORDER (authors' last and first names)
 - b. NUMERIC ORDER (number order with decimal places)
2. One or more training sessions

Your application will be reviewed and we will get in touch with you as soon as possible. Unfortunately, we cannot always accommodate applicants. If this is the case, we will notify you and keep your application on file for three months.

Teen volunteers play an important role at our library; we are excited to work with you!

Please complete the application and return to the Children's Department.

Name _____ Date of Birth (Month/Day/Year) _____
 Address _____ Cell Phone _____ Home Phone _____
 City _____ Zip code _____
 Email _____

Name of School _____ Grade _____

OR Are you home schooled? _____ If so, what grade _____

Reasons for Volunteering: (check all that apply) _____ School credit/hours/assignment
 _____ Learn new skills _____ Reference for college _____ Preparation for future employment

Employment Category (if applicable)

1. Worked for _____
 Job responsibilities _____

List any current/past volunteer assignments you have held:

1. Volunteered for _____ Dates _____
2. Volunteered for _____ Dates _____

Please put a check next to the day(s) you are available to volunteer for a 90-minute time slot and list the times that you are available for volunteer work next to each day:

_____ Monday _____ Tuesday _____ Friday _____
 _____ Wednesday _____ Thursday _____ Saturday _____

Please read the brochure about our Teen Library Page Program.

_____ I have read the brochure and understand what is required to be a teen volunteer. If I am selected as a Teen Volunteer, I will abide by all the rules of Rockwall County Library and the Library Page program.

Signature of Applicant _____ Date _____

Parent/Guardian Information

Student's Name: _____

Parent/Guardian Name: _____

Address _____

Phone: (Home) _____ (Work) _____ (Cell) _____

E-Mail (if you check regularly) _____

Does your son/daughter have any medical conditions you would like us to know about (e.g., asthma, allergies, sugar-free diet, etc.)?

Please list any medical or other concerns here.

PARENT/GUARDIAN PERMISSION

I, _____, give permission for my son/daughter, _____, to be a teen volunteer at Rockwall County Library. I understand that my son/daughter will not receive monetary compensation or be insured by the library. I have read and understand the requirements as outlined in the Teen Volunteer brochure and understand that my son/daughter will receive valuable training and guidance under library staff supervision while providing a helpful community service.

Signature _____ Date _____
(Parent/legal guardian)

IN CASE OF EMERGENCY, PLEASE PROVIDE TWO CONTACTS:

1.

Name _____ Relationship _____

Phone Number _____

2.

Name _____ Relationship _____

Phone Number _____

If you have any questions, please call the library at 972-204-7740 or email youthservices@rockwallcountytexas.com

Sincerely,

Lindsey Snelling
Youth Services Librarian
Rockwall County Library