

Junior Volunteer Application – Summer 2018

(Applicants must be in grades 6-12.)

APPLICANTS WILL BE CONTACTED FOR AN INTERVIEW BY MAY 21, 2018.

***If you have not heard from us by that date,
please email rbrennan@brightonlibrary.info or call 810-229-6571, ext. 260.***

Attendance at an orientation session is mandatory. Please indicate which session you will attend:

____ Saturday, June 2, 10:00 a.m. – 1:00 p.m. ____ Sunday, June 3, 1:00 p.m. – 4:00 p.m.

Name: _____ Date of birth: _____

Address: _____ Zip: _____

Which school do you attend? _____ Grade: _____

Parent Name: _____ Parent's E-mail Address: _____

Phone (home): _____ Phone (cell): _____

Person to contact in the event of an emergency:

Name: _____ Phone: _____ Relationship: _____

References: Please list an adult not related to you who we could talk to about your abilities.

Name: _____ Phone: _____ Position: _____

1. Have you volunteered before? If yes, where? _____

2. Please tell us about any skills, hobbies, or experience you have that might be helpful to the library.

3. Are you required to fulfill a specific number of volunteer hours? Yes___ No___ If yes, how many?_____

Required for: _____ Must be completed by: _____

4. Do you have a Brighton District Library card? Yes___ No___

continued on reverse



**Brighton
District
Library**

100 Library Drive, Brighton, MI 48116
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5. Can you commit to working a two-hour shift each week from June 11 through August 3? Yes___ No___
6. Are you aware that, among other tasks, you will be asked to straighten books and dust? Yes___ No___

Please circle all shifts below that fit your schedule, indicating the three most convenient for you. (You will be assigned only one shift.)

Monday	10:00am-12:00pm	12:00pm-2:00pm	2:00pm-4:00pm
Tuesday	10:00am-12:00pm	12:00pm-2:00pm	2:00pm-4:00pm
Wednesday	10:00am-12:00pm	12:00pm-2:00pm	2:00pm-4:00pm
Thursday	10:00am-12:00pm	12:00pm-2:00pm	2:00pm-4:00pm
Friday	10:00am-12:00pm	12:00pm-2:00pm	2:00pm-4:00pm
Saturday	10:00am-12:00pm	12:00pm-2:00pm	2:00pm-4:00pm

Please explain why you are interested in volunteering at the library.

Applicant Signature: _____ **Date:** _____

PARENT/GUARDIAN CONSENT (for volunteers under age 18):

I give permission for the above applicant to volunteer at the Brighton District Library for a minimum of two hours per week.

Parent/Guardian Signature: _____ **Date:** _____

Please return your completed application to the Library's Youth Department by Friday, May 18, 2018, 5:00 p.m.

If you have questions regarding the Junior Volunteer program, please email Rosemarie Brennan, rbrennan@brightonlibrary.info.

FOR BRIGHTON DISTRICT LIBRARY VOLUNTEER COORDINATOR ONLY

Contacted on: _____ *Interview Date:* _____