

TEEN PROGRAM ASSISTANT APPLICATION

Open to Students in Grades 9-12 or Equivalent



Thank you for your interest in assisting staff members and patrons during library programs and special events! Please register for a Teen Program Assistant Orientation and bring this completed application when you attend. After orientation, you'll be able to sign up for TPA opportunities. **If you'd prefer to support the library behind the scenes, register for Teen Community Service (no application needed, grades 6-12).**

APPLICANT INFORMATION

First Name: _____ Last Name: _____

Phone: _____ Email: _____

Address: _____

City: _____ Zip Code: _____ Today's Date: _____

Are you under the age of 18? **Yes*** **No**

*Volunteers under the age of 18 must have written consent by a parent or guardian (see reverse side).

Why do you want to volunteer at the Pittsford Community Library?

ACTIVITY PREFERENCES

Check all that interest you. You can always change your mind later!

- | | |
|--|--|
| <input type="checkbox"/> Helping younger people | <input type="checkbox"/> Movies |
| <input type="checkbox"/> Helping older people | <input type="checkbox"/> Tabletop Games |
| <input type="checkbox"/> Using computers/tablets | <input type="checkbox"/> Video Games |
| <input type="checkbox"/> Assisting others with computers/tablets | <input type="checkbox"/> Working with food |
| <input type="checkbox"/> Talking to large groups of people | <input type="checkbox"/> STEAM activities |
| <input type="checkbox"/> Crafting | <input type="checkbox"/> Fandom-related activities |

CURRENT SCHOOL: _____

CURRENT GRADE: 9 10 11 12

EXPECTED GRADUATION YEAR: _____

REFERENCE INFORMATION

Please provide either a personal or a professional reference.

Name: _____ Relationship: _____

Phone: _____

EMERGENCY CONTACT

Please provide a personal contact in case of an emergency.

Name: _____ Relationship: _____

Phone: _____

VOLUNTEER ACKNOWLEDGEMENT

I have freely and voluntarily offered my services to the Pittsford Community Library. I will not receive any monetary or material compensation for performing this service. My volunteer services may be terminated by the library at any time.

I release the Town of Pittsford, its governing board, officers, agents, employees and program participants from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs and expenses of any nature which I may have or which may hereafter accrue to me, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by me or my property, whether caused by the negligence or carelessness of the Town or otherwise.

As a volunteer, I agree to comply with all requirements imposed by the Pittsford Community Library and to fulfill the volunteer responsibilities to the best of my ability.

Applicant Signature

Date

Guardian Signature (For Applicants Under 18)

Date

PLEASE BRING YOUR COMPLETED APPLICATION WITH YOU TO YOUR ORIENTATION!

Contact Laura, your Young Adult Services Librarian, with questions:

lrichardson@townofpittsford.org | 585-248-6275 | townofpittsford.org/home-library