

# 2018-2019 School Year Teen Volunteer Application Somerset County Library System - Hillsborough Library

**KEEP THIS PAGE FOR YOUR RECORDS**

Dear Prospective Volunteers and Parents/Guardians,

Welcome to the Hillsborough Library's School Year Teen Volunteer Program! To be a volunteer, you must be in 7th to 12th grade in the 2018-2019 School Year. This program has been developed for local teens to be of service to the community through the library, satisfy a volunteer requirement, be a positive example for their peers and for younger patrons, encourage library usage, and instill a love of reading in others.

This packet contains everything you need to know about volunteering. The first part of this packet will offer a thorough explanation of our program. It is your responsibility to keep this portion of the application for your records. **Please note: As of 2016, teens new to the volunteer program will be required to submit two completed reference forms with the application.** Once their forms are submitted, you will not be required to hand in references for the duration of your time volunteering as a teen. The second part of this packet is the application, Teen Volunteer Agreement, and two reference forms, which should be filled out and handed in at the Youth Services Reference Desk in the Children's room.

Once you make the decision to become a volunteer, you are considered a member of the SCLSNJ team and you are expected to uphold certain responsibilities. While we allow parents to pick up the volunteer application for their teens, **we ask the volunteers to fill out and hand in the application themselves.** We also expect the volunteer to be in contact with us with any questions he or she might have, scheduling issues, etc. While we understand a parent might have to reach out to us in emergency situations, **it should be the teen volunteer taking the responsibility to communicate with Mrs. Jansen ([hil.teens.scls@gmail.com](mailto:hil.teens.scls@gmail.com))/(908) 458-8420 x1247) or if unavailable, any library staff at the Youth Services Reference Desk at (908) 458-8420 x8424.** Email is the main form of communication that we will use to contact our volunteers. We encourage volunteers to give us their own email address. If you share an email with your parent, it is important that you (the volunteer) are given the opportunity to read and respond to any volunteer emails that are sent. We ask that both the teen volunteers and their parents/guardians read all sections of our application, and agree upon committing to the responsibility expected of our library volunteers.

**We want every volunteer's experience to be fun, productive, and a great way to spend some time this school year.** We also want you to understand how important every volunteer is to the Hillsborough Library during our busiest months. We encourage you to contact us with any questions you may have before signing the Volunteer Agreement and committing your time to us. If you have any questions or concerns, please contact the Youth Services Reference Desk by phone at (908) 458-8420 ext. 8424 or email [hil.teens.scls@gmail.com](mailto:hil.teens.scls@gmail.com).



Somerset County Library System of New Jersey

**HILLSBOROUGH LIBRARY BRANCH**

# VOLUNTEER POSITIONS

## Position #1: First Look Books Reviewer (Grades 7-12)

**Description:** Be one of the first to read an upcoming YA book and review it for us for volunteer credit! Stop by the Youth Services desk and let us know that you would like to choose a book from the First Look Books cart and we'll pull the cart out for you. You will then take home an Advanced Reader Copy (ARC) book and review form. Please write neatly and return the review form to the Youth Services desk at Hillsborough Library to earn 30 minutes of community service and pick out a new book from the First Look Books cart. If you liked the book you reviewed, you can keep it. If you didn't like the book you reviewed, please return it to the cart.

**Shifts:** You will earn 30 minutes/book review.

## Position #2: Program Assistant/Reading Buddy (Grades 8-12)

**Description:** Volunteers in this position are responsible for helping library staff implement Children's and Teen programming. While different programs may have specific requirements, typically volunteers help with setup, program activities (crafts, games, etc.), and cleanup or assisting a child to read.

**Shifts:** As needed. Dates are posted on our online events calendar at [SCLSNJ@ORG](mailto:SCLSNJ@ORG).

## Position #3: Adopt-A-Shelf (Grades 8-12)

**Description:** Adopt-A-Shelvers are detail-oriented volunteers. This position requires you to organize an assigned portion of the Youth Services library collection which includes arranging materials by alphabetical/Dewey Decimal order and maintaining the appearance of the collection. There are three sessions: Fall, Winter, and Spring. You may sign up for one or all three sessions.

**Shifts:** Shifts are available Monday through Thursday, 3:00pm - 8:00pm, Saturday, 10:00am - 4:00pm. Shifts are one hour long.

## Position #4: Leadership Academy (Grades 9-12)

**Description:** Programming for teens by teens. Learn valuable leadership skills as the Teen Librarian mentors you through co-planning and co-running a successful library program. Leadership Community Service Hours will be awarded at the end of the school year and at the end of the summer.

**Shifts:** Initial planning meetings occur on the first full week of every month from 7pm to 8pm. The day of the week that we will meet will rotate each month. Additional meetings may occur as needed for program preparation.



Somerset County Library System of New Jersey

**HILLSBOROUGH LIBRARY BRANCH**

# Summer 2017 Teen Volunteer Application Somerset County Library System - Hillsborough Library

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## TEEN VOLUNTEER AGREEMENT

### As a Teen Volunteer at the Hillsborough Library, I agree to the following:

1. I will arrive at the library at my assigned time and notify a staff member I am here.
2. I will keep track of my schedule.
3. If I cannot make a scheduled shift, I will call the library and tell a staff member or leave a message. This call should be made one day prior to the absence or as soon as possible.
4. I understand that rescheduling a missed shift may or may not be possible.
5. I will make sure that my ride home arrives before the library closes.
6. I will wear a volunteer nametag while I am working.
7. I will focus on my volunteer assignment and keep socializing to a minimum.
8. I will perform my assigned duties in a pleasant manner, being courteous and respectful to all library users, staff members and other volunteers at all times.
9. I agree to keep confidential any personal information I may encounter regarding library users, staff members and other volunteers.
10. I will refer library users to the staff when questions arise that are not directly related to my duties.
11. I will not bring food or drink into the library, with the exception of water bottles with caps.
12. I will keep my cell phone on vibrate and will not make or receive any calls that are not emergencies. If I must take an emergency call, I will tell a staff member.
13. I will not use any electronic devices while volunteering.
14. I will wear appropriate attire to the library. No bare feet, no bathing suits, no exposed mid-ribs, no shorts and skirts that are higher than two inches above the knees, no clothing with offensive or threatening messages, no revealing or distracting attire, etc. A library staff member may cancel my volunteer shift for the day if I fail to follow this guideline.
15. I will maintain a positive attitude and set a good example.
16. At the discretion of the library staff, I may be asked to stop volunteering if I fail to follow these guidelines or if I have repeated call-outs or no-shows.

### Additional Guidelines Specific to Hillsborough Library:

1. I will be diligent about checking my email for volunteer information and opportunities. If I share an email address with my parent(s) or guardian(s), I understand that it is my responsibility to read emails relating to volunteering and I will respond when necessary.
2. If unable to arrive on time to a shift, I will call and notify Mrs. Jansen (908) 369-2200 x1247 or if unavailable, any library staff at the Youth Services Reference Desk (908) 369-2200 x8424. If possible, I will do this at least one day before my scheduled shift. *I understand that it is my responsibility to make these phone calls, and my parent or guardian will not make these calls for me unless it is an emergency. I also understand that I may be dismissed from the volunteer program for not showing up for scheduled shifts without notification, showing up late for scheduled shifts without notification, or calling out excessively.*



Somerset County Library System of New Jersey

**HILLSBOROUGH LIBRARY BRANCH**



# Somerset County Library System of New Jersey Teen Volunteer Application

Please fill out completely and neatly. If we can't read the application, we may not be able to reach you. When complete, please return to the Youth Services Department.

Name \_\_\_\_\_  
(First) (Last)

Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Best contact time: \_\_\_\_\_ Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_ Anytime

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Contact (Name / Phone / Email Address / Relationship to you)

Put a check next to the opportunities you are interested in:

**First Look Books Reviewer** (Volunteers grades 7 - 12)

**Program Assistant** (Volunteers grades 8 - 12)

**Adopt-A-Shelf** (Volunteers grades 8 - 12)

Circle your preferred session(s): 10/1/18-12/15/18 | 1/7/19-3/9/19 | 4/2/19-6/9/19

Circle which day(s) of the week you would like to volunteer: Mon | Tues | Wed | Thurs | Sat

What time you would like to volunteer? (Must be between 3-8p Mon-Thurs & 10-4p Sat): \_\_\_\_\_

Circle preferred location: Fiction | Non-Fiction | No Preference

**Leadership Academy** (Volunteers grades 9 - 12)

### Two Personal References Required

*(Individuals providing a reference should not be a relative or anyone under 18 years of age)*

Attached to this application you will find two personal reference forms, please have these completed and returned to your volunteer supervisor by the assigned date. **If you are a returning volunteer\* and have previously volunteered with SCLSNJ, you are not required to provide these references.**

*\*Please initial here if you have previously volunteered with SCLSNJ \_\_\_\_\_*



Somerset County Library System of New Jersey

# HILLSBOROUGH LIBRARY BRANCH

# Teen Volunteer Agreement

## What you can expect from the Library:

- The Library staff will work with you to try to resolve problems with scheduling or assigned tasks.
- Please tell us if there is a problem.
- The Library staff will assist with any difficulties with Library users, including lines of waiting people.
- The Library staff can provide, upon your request, documentation of community service hours based on your timesheet. Please see the teen librarian for further details.

## What's expected of you:

Consider this volunteer opportunity just like a job – you must be on time, courteous and enthusiastic. Try your best to follow the volunteer guidelines and give your best effort to assigned duties. Remember, you are representing your Library.

## As a teen volunteer for SCLSNJ, I agree to the following guidelines:

- I will arrive at the Library at my assigned time and notify a staff member I am here.
- I will keep track of my schedule.
- If I cannot make a scheduled shift, I will call the Library and tell a staff member or leave a message. This call should be made one day prior to the absence or as soon as possible.
- I understand that rescheduling a missed shift may or may not be possible.
- I will make sure that my ride home arrives before the Library closes.
- I will wear a volunteer nametag while I am working.
- I will focus on my volunteer assignment and keep socializing to a minimum.
- I will perform my assigned duties in a pleasant manner, being courteous and respectful to all Library users, staff members and other volunteers at all times.
- I agree to keep confidential any personal information I may encounter regarding Library users, staff members and other volunteers.
- I will refer Library users to the staff when questions arise that are not directly related to my duties.
- I will not bring food or drink into the Library, with the exception of water bottles with caps.
- I will keep my cell phone on vibrate and will not make or receive any calls that are not emergencies. If I must take an emergency call, I will tell a staff member.
- I will not use any electronic devices while volunteering.
- I will wear appropriate attire to the Library. No bare feet, no bathing suits, no exposed midriffs, no shorts and skirts that are higher than two inches above the knees, no clothing with offensive or threatening messages, no revealing or distracting attire, etc. A Library staff member may cancel my volunteer shift for the day if I fail to follow this guideline.
- I will maintain a positive attitude and set a good example.
- At the discretion of the Library staff, I may be asked to stop volunteering if I fail to follow these guidelines or if I have repeated call-outs or no-shows.

Thank you for taking the time to fill out this application. We are pleased that you are interested in volunteering with us. When you sign below, you are stating that the information you have provided is true, and that you understand and accept our guidelines for volunteering. Your volunteer supervisor will explain your specific assignments in detail on your first day.

Volunteer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_



Somerset County Library System of New Jersey

**HILLSBOROUGH LIBRARY BRANCH**



# Somerset County Library System of New Jersey Teen Volunteer Reference Form

**Applicant's Name:** \_\_\_\_\_  
*(First) (Last)*

**Thank you for taking the time to fill out this form for our volunteer applicant.**  
*(References should not be completed by a relative or anyone under 18 years old)*

**Reference Provider Information:**

**Name** \_\_\_\_\_  
*(First) (Last)*

**Town** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**I have known this teen for (Period of time in days, months, or years):** \_\_\_\_\_

**I know this teen through (Name of school, church, neighborhood, etc.):** \_\_\_\_\_

**Please circle your response to each statement:**

**The teen is responsible. He/she is able to make commitments and keep them.**

Strongly Agree      Agree      Don't Know      Disagree      Strongly Disagree

**The teen shows tolerance and patience.**

Strongly Agree      Agree      Don't Know      Disagree      Strongly Disagree

**The teen is suitable to work with children.**

Strongly Agree      Agree      Don't Know      Disagree      Strongly Disagree

**The teen exhibits a high maturity level for his/her age.**

Strongly Agree      Agree      Don't Know      Disagree      Strongly Disagree

**Optional / Additional Comments :**

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Please place this reference in a sealed envelope and return it to the volunteer applicant.



Date: \_\_\_\_\_

## Somerset County Library System of New Jersey Teen Volunteer Reference Form

**Applicant's Name:** \_\_\_\_\_  
(First) (Last)

**Thank you for taking the time to fill out this form for our volunteer applicant.**  
*(References should not be completed by a relative or anyone under 18 years old)*

### Reference Provider Information:

**Name** \_\_\_\_\_  
(First) (Last)

**Town** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**I have known this teen for (Period of time in days, months, or years):** \_\_\_\_\_

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### Please circle your response to each statement:

**The teen is responsible. He/she is able to make commitments and keep them.**

Strongly Agree      Agree      Don't Know      Disagree      Strongly Disagree

**The teen shows tolerance and patience.**

Strongly Agree      Agree      Don't Know      Disagree      Strongly Disagree

**The teen is suitable to work with children.**

Strongly Agree      Agree      Don't Know      Disagree      Strongly Disagree

**The teen exhibits a high maturity level for his/her age.**

Strongly Agree      Agree      Don't Know      Disagree      Strongly Disagree

**Optional / Additional Comments :**

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Please place this reference in a sealed envelope and return it to the volunteer applicant.