



**HARTFORD PUBLIC LIBRARY  
TEEN VOLUNTEER APPLICATION (Part 1)**

Do you have special skills or talents that you would like to share with the library? Do you need service hours? Do you want to give to your community and have fun too? Volunteer at the Hartford Public Library!

Teen volunteers must be Hartford residents currently enrolled in middle school or high school (12 years or above), or students outside Hartford with special approval. Volunteers must be affiliated with a school or educational program that requires service hours. Volunteers must dress appropriately. Volunteers must enjoy working with children and be committed to offering quality service to a diverse community. Volunteers provide an important service; if you are not able to make a serious commitment to this program, we rather you contact us at a later date when you are better able to do so. *There are three (3) parts to this form, and all must be submitted for your application to be complete.*

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone # (home): \_\_\_\_\_ (cell): \_\_\_\_\_

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

Emergency Contact (name): \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone # (home): \_\_\_\_\_ (cell): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Name of School: \_\_\_\_\_ Year/Grade \_\_\_\_\_

Volunteer Information

How many hours are you required to serve? \_\_\_\_\_

For what school/educational organization project do you need hours? \_\_\_\_\_

What days and hours are you available to volunteer? (place an X in the appropriate boxes)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 9-1							
Afternoon 1-5							
Evening 5-8							

At what locations do you prefer to work?

Downtown Albany Barbour Blue Hills Camp Field Dwight Goodwin Mark Twain Park Ropkins

Please rate your top 3: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

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Do you speak, read, or write any languages? \_\_\_\_\_

What are your hobbies and special interests? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any computer skills: \_\_\_\_\_

\_\_\_\_\_

List your volunteer experience or work experience:

Employer/Organization	Hours and duties

Why do you want to volunteer at the library? Be specific. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you think the library is important to the community? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**References:** List 2 people outside your family. (Name, relationship and phone #)

1. \_\_\_\_\_

2. \_\_\_\_\_

**\*\*\*\*\* OFFICE USE ONLY\*\*\*\*\***

INTERVIEWER: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



HARTFORD PUBLIC LIBRARY
TEEN VOLUNTEER APPLICATION (PART 2)
LIABILITY/CONFIDENTIALITY WAIVERS AND PARENTAL CONSENT

Parent/Guardian:

I, \_\_\_\_\_, as parent/guardian of \_\_\_\_\_, do hereby release and hold harmless the Hartford Public Library and agree to indemnify and hold harmless the City of Hartford from any and all liability, claims or causes of action that may arise for any accidents, injuries or illnesses that may occur to my child from his/her participation in the volunteer program. I waive any right of action I have against the City of Hartford in consideration of my child's participation as a volunteer for the City. I also agree that the Hartford Public Library has permission to use my child's photograph or videotaped image in publicity about library activities.

Teen Volunteer:

I, \_\_\_\_\_, understand that in my capacity as a Hartford Public Library volunteer, I may come into contact with confidential information. I agree to protect this information to the best of my abilities as a volunteer and not to divulge it during or after my service as a volunteer has ended. I understand that volunteers will be accepted based on the Library's need, that the Library does not accept volunteers on a drop-in basis and that a date/time must be agreed upon by both parties. If I am accepted, I understand that it is my responsibility to show up at the scheduled time. Volunteer hours are contingent upon the Library's need and staff availability; this includes regularly scheduled shifts and make-up hours.

Have you ever been convicted of a crime? YES \_\_\_ NO \_\_\_ If yes, please give date, place, charge and disposition of conviction: \_\_\_\_\_

Are there any felony charges outstanding? YES \_\_\_ NO \_\_\_ If yes, give date, place, charge and current status: \_\_\_\_\_

Are you volunteering to satisfy a court required community service? YES \_\_\_ NO \_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Youth Printed Name \_\_\_\_\_

Youth Signature \_\_\_\_\_ Date \_\_\_\_\_



**HARTFORD PUBLIC LIBRARY  
CONFIDENTIAL SCHOOL RECOMMENDATION  
FOR TEEN VOLUNTEER POSITION (PART 3)**

Dear Counselor or Teacher:

Each student who applies for volunteer work must have a recommendation from school. We would appreciate your evaluation and comments to help us choose candidates who will best benefit from our program while serving our organization and the recipients of our services. This information will be kept confidential. Please return the completed form to me at the address below at your earliest convenience by mail, fax, or by placing in a sealed envelope, signing across the flap, and returning to the student. You may also email me the pertinent information. Thank you for your assistance.

*Lisa A. McClure*  
*Youth and Family Services Director*  
*Hartford Public Library*  
*500 Main St., Hartford, CT 06103*  
*Phone: (860)695-6328 Fax: 860-722-6897*  
[lmclure@hplct.org](mailto:lmclure@hplct.org)

**CONFIDENTIAL RECOMMENDATION FOR TEEN VOLUNTEER**

Student's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

School: \_\_\_\_\_ Library Branch Desired: \_\_\_\_\_

Please place an X in the appropriate box:

Skills	Excellent	Good	Average	Below Average	Poor
Attendance					
Scholastic Record					
Dependability					
Courtesy					
Willingness to Help					
Initiative					

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teacher/Counselor Printed Name \_\_\_\_\_

Teacher/Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_