



## Virtual Library Volunteer Application Ages 13-18

### Please Print

Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Have you ever been employed with the district? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, dates: \_\_\_\_\_

Are you interested in volunteering at a Library branch when it becomes available? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please fill out the availability section.

### Availability

Volunteers are needed Monday through Saturday and limited hours on Sunday. Please check the day(s) and time(s) you are available. If a shorter shift is required please make a note on the calendar, we will try to accommodate your request.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9am-Noon							Closed
Noon-3pm							1pm-3pm
3pm-6pm							3pm-5pm
6pm-9pm					Closed	Closed	Closed

### Volunteer Location

The St. Charles City-County Library District has several locations. Please indicate which location you would prefer:

1<sup>st</sup> request \_\_\_\_\_ 2<sup>nd</sup> request \_\_\_\_\_ 3<sup>rd</sup> request \_\_\_\_\_

KL – KATHRYN LINNEMAN BRANCH  
MY – MCCLAY BRANCH  
DR – DEER RUN BRANCH  
BT – BOONE’S TRAIL BRANCH

MK– MIDDENDORF- KREDELL BRANCH  
KR – KISKER ROAD BRANCH  
WH – WINGHAVEN BRANCH  
CV - CLIFF VIEW BRANCH (OPENING 2021)

SP – SPENCER ROAD BRANCH  
CP – CORPORATE PARKWAY BRANCH  
AG- AUGUSTA BRANCH

### Community Service

I am fulfilling community service requirements for:  SCHOOL  SCOUTS  OTHER \_\_\_\_\_

Total hours needed to fulfill requirement: \_\_\_\_\_ Date hours must be completed: \_\_\_\_\_

Please attach the requirements for your community service.

## Interests

The St. Charles City-County Library District has a variety of volunteer opportunities for a wide range of skills and abilities. Following are some of the options available to teen virtual volunteers. Please select at least 3 activities you would be interested in participating in:

- Attend and participate in a virtual Library class/event
- Invite a friend to a virtual Library class/event
- Submit a review of a book, movie, video game, etc.
- Submit digital or physical art, craft projects, creative writing, poetry etc.
- Promote or tag the Library or Library classes/events on social media (Facebook, Twitter or Instagram)
- Submit an idea/suggestion for a Library class or event
- Interact with other volunteers by providing positive feedback/thoughts on their work

Please check any of the skills, abilities or interests below that are applicable to you:

- Special events (type of event/responsibilities): \_\_\_\_\_
- Art skills, etc.: \_\_\_\_\_
- Computer skills: \_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_

## Agreement and Signature

I hereby certify that the information on the above application is true and complete. My signature authorizes the St. Charles City-County Library District to verify any of the information on this application and to complete a criminal background check (if applicable). I understand that information contained on my application will be verified and that misrepresentations or omissions may be cause for my immediate rejection as an applicant or my termination as a volunteer.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Required)

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### OFFICE USE ONLY

#### HR Office

DATE APPLICATION RECEIVED: \_\_\_\_\_

SENT TO VC: \_\_\_\_\_

BACKGROUND CHECK CLEARED: \_\_\_\_\_

#### Branch/Dept. Use

VOLUNTEER LOCATION: \_\_\_\_\_

OPPORTUNITY MATCH (Y/N): \_\_\_\_\_

START DATE: \_\_\_\_\_