

APPLICATION

Volunteers help out in the Teen Services Department to gain work and community service experience, to earn service learning or volunteer credit, or just for fun! Volunteer drop-in hours are Saturday from 9-11am (limited to the first 3 teens) or by appointment (call 864-596-3506).

Volunteer Contact Information

Name	Date of Birth / /
Full Mailing Address	
School	Grade
Email	Phone #

Volunteer Info

Do you have previous volunteer experience? YES NO

If yes, please name the organization and list some of your responsibilities:

Do you have special skills, training, or interests? (technology, computers, social media, writing, sign language, etc.)

How did you hear about Volunteers and why are you interested in volunteering at the library?

Do you have any allergies we should know about? YES NO

Are you currently a member of our Teen Advisory Group (TAG)? YES NO

If no, would you like more information about TAG? Monthly meetings count as volunteer credit! YES NO



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SPARTANBURG COUNTY
PUBLIC LIBRARIES

Teen Services Department
Spartanburg County Public Libraries
151 S. Church St., Spartanburg, SC 29306
864-596-3506 | www.spartanburglibraries.org



Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times							

Please list any specific availability details here. (This includes days/times you can never volunteer, certain dates, etc.)

The Library agrees to:

- Provide training, supervision and assistance throughout the duration of the volunteer experience. This includes answering questions, providing instruction and giving helpful feedback to our volunteers.
- Keep accurate record of service hours and to make them available upon request.
- Provide a safe working environment.
- Recognize your volunteer efforts.

As a Volunteer, I agree to:

- Follow the rules of the library. This includes arriving on time and following the dress code.
- Be receptive to instruction provided by library staff.
- Accurately record volunteer hours on the Volunteer time sheet.
- Communicate questions if I don't understand. There are no wrong questions!
- Let us know in advance if you are unable to volunteer on your scheduled day.

As a parent/guardian, I agree to:

- Make sure that my teen arrives for volunteering on time.
- Support the importance of my teens volunteer responsibility .

This signed Volunteer application gives the Spartanburg County Public Libraries permission to use photographs, videos, or interviews of me or my minor child understanding that they will be used for the purposes of education, promotion or communication on behalf of the library.

Volunteer's Signature

Date

Parent/Guardian's Signature

Date

Library Staff Signature

Date