



What is the Teen Volunteer Program?

A library service organization for students in 6th-12th grade.

What is the organization's purpose?

- To promote an appreciation for your library.
- To provide library maintenance.
- To create service opportunities on behalf of your community.

What are the requirements?

- Completion of 30 minutes of training. Training times to be determined by student and trainer.
- Completion of a **minimum** of 10 hours of service throughout one calendar year.
 - **Maximum** of 3 hours per week of volunteering.
 - Every 10 hours of volunteering, you will receive a volunteer certificate.
 - When you decide to stop volunteering or age out of the Teen Volunteer Program, please notify Brianna, Teen Librarian.

What are the benefits?

Counts toward school-required volunteer hours. Gaining volunteer experience/credit for job resume and/or college and scholarship applications.

What must I do to join?

- Return the signed completed application to the library circulation desk. Please keep this information page for reference.
- Brianna will call or email to set up a training time with you. If you don't have a training time set up within two weeks of handing in your completed application, please feel free to reach out to Brianna.

When do I Start?

After your training session, talk with Brianna about your plan of when you would like to come in for volunteering.

When can I volunteer?

Volunteer hours may be after school, evenings, Saturdays, during school vacations and/or Summer. You can volunteer whenever the library is open.

If you have any questions please email briannaadams@lakemills.lib.wi.us
or call the library 920-648-2166 and ask for Brianna.





L.D. Fargo Teen Volunteer Registration & Permission Form

Please print neatly and return to the L.D. Fargo Public Library circulation desk when completed.
Brianna, the Teen Librarian will contact Teen Volunteer to set up a training session.

Full Name _____

Preferred Name _____ Pronouns _____

Date of Birth ____ / ____ / ____ Email _____

Home Address _____

Home Phone (____) _____ Cell Phone (____) _____

What is the best way to contact you? (circle one or more) Call Text Email

School you attend _____ Graduation Year _____

Do you have your own library card in the Bridges System? Yes / No

Teen Volunteer Signature _____ **Date** _____

Parent/Guardian Information

Parent or Guardian Name _____ Relationship _____

Home Phone (____) _____ Cell Phone (____) _____

Parent(s) or Guardian(s) Email _____

For Parent/Guardian: My Teen _____ has my permission to become a Teen Volunteer at the L.D. Fargo Public Library. Teen Volunteer will work a minimum of ten (10) hours or more within a calendar year, working no more than three (3) hours a week.

Parent Signature _____ **Date** _____

