

Teen Volunteer Information for School-Year Volunteers @ the Castro Valley Library

Welcome to the Castro Valley Library Teen Volunteer Program. Our goal is to help high school students get work experience and meet community service goals. Typical volunteer duties include shelving books, processing materials, preparing materials for children's programs, and other office tasks.

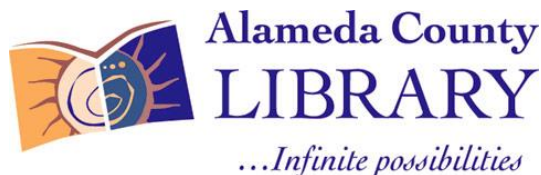
Please read this information carefully and completely fill out the attached application. You may keep this sheet.

1. Volunteer spots are limited. Priority is given to students with graduation or community service requirements.
2. Teens must be in high school.
3. Teens may earn up to 10 volunteer hours per calendar year.
4. Teens must be willing to work at least one 2-hour shift per week.
5. Saturday volunteer opportunities are very limited; Sunday hours are not available.
6. Teen volunteers work under the supervision of library staff.
7. Please contact the library if you are not able to come to your scheduled shift. The first no-show without a phone call will result in a warning; the second no-show will result in termination from the volunteer program.

Note: If you are interested in helping with the Homework Center, please request the Homework Center application.

Questions? Contact Nathan Silva or Chris Selig at 510-667-7900 for more information.

Castro Valley Library
3600 Norbridge Avenue
Castro Valley, CA 94546
510-667-7900
www.aclibrary.org



Castro Valley Library Teen Volunteer Application for School-Year Volunteers

Date _____

Name _____

Address _____

City & State _____ Zip Code _____

School _____ Grade _____

Best Phone Number to Reach You _____

Best Email Address to Reach You _____

Do you need hours for a community service requirement? Circle one: YES NO

If yes, how many hours do you need? _____

When do you need to complete your required hours? _____

Circle the days of the week you are available:

Monday

Tuesday

Wednesday

Thursday

What times of the day are you available? (Example: 4 pm to 6 pm)

Emergency Contact Name _____

Emergency Contact Phone Number _____ Relationship _____

For Library Staff Use Only

Teen contacted via: Phone Email Date contacted: _____ Contacted by: _____

Scheduled: YES NO Start date: _____

Complete schedule: