



Application for Teen Advisory Group

Thank you for applying to volunteer at your Greene County Public Library's Teen Advisory Group! Your willingness to help is greatly appreciated and furthers the work we are able to do in our community. Please be sure to print clearly and complete both sides of this application before returning it at your Community Library – listed with addresses at the end of this application. For ages 12-18, a parent or guardian's signature is required.

Personal Information

Last Name _____ First Name _____ D.O.B. _____

Address _____ City/State _____ Zip _____

Phone (cell) _____ (other) _____ Email _____

School _____ Grade _____

How did you find out about volunteer opportunities at the library? _____

Emergency Contacts

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Availability (check all that apply)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	_____	_____	_____	_____	_____	_____	_____
Afternoon	_____	_____	_____	_____	_____	_____	_____
Evening	_____	_____	_____	_____	_____	_____	_____

Available Ongoing With the following seasonal or other limitations _____

Volunteer Experience

 Have you ever volunteered before? Yes No

If yes, where and what were your tasks? _____

Skills

Do you have any special skills that you would like to share at the library? _____

Please sign below when you have read and understood this statement:

The information I have provided is accurate and true to the best of my knowledge. I understand that the Greene County Public Library is not obligated to provide a volunteer placement in the organization, nor am I obligated to accept a volunteer position if offered. Furthermore, I understand that volunteering does not imply or guarantee future employment with the library. I also understand that in order to volunteer for a position requiring direct service to patrons, I may be subject to a criminal background investigation at any time in accordance with Ohio Revised Code 109.575. I understand that I will not be paid for my services as a volunteer and I expect no compensation.

Applicant's Signature _____ Date _____

Print Name _____

My son or daughter has my permission to volunteer at the Greene County Public Library.

Parent/Guardian's Signature _____ Date _____

Print Name _____

(Required if applicant is under 18)

Please return this application to a location of the Greene County Public Library system:

- Carol Graff Beaver Creek Library, 3618 Dayton-Xenia Rd., Beaver Creek, OH 45432. (937) 352-4001
- Cedarville Community Library, 20 S. Miller St., Cedarville, OH 45314. (937) 352-4006
- Fairborn Community Library, 1 East Main St., Fairborn, OH 45324 (937) 878-9383
- Jamestown Community Library, 86 Seaman Dr., Jamestown, OH 45335 (937) 352-4005
- Winters-Bellbrook Community Library, 57 Franklin St., Bellbrook, OH 45305 (937) 352-4004
- Xenia Community Library, 76 East Market St., Xenia, OH 45385. (937) 352-4000
- Yellow Springs Community Library, 415 Xenia Ave., Yellow Springs, OH 45387. (937) 352-4003

Library Use Only

Interview date _____	Orientation date _____
Training date _____	Placement _____
Start date _____	Community Library _____
Supervisor _____	Application Received Date _____



P.O. Box 520
76 E. Market St.
Xenia, OH 45385
(937) 352-4000