new providence memorial library

Library Page
Teen Volunteer Application (Grades 9 – 12)

Name: _____Grade & School: _____

Address: _____

_____

Teen's Cell Phone Number: _____ Teen's Email: _____

NP Library Card Number: _____ (Don't have one? Come in and get one!)

Emergency Contact (parent name & phone): _____

Jobs Options Available: (Check which jobs interest you.)

_____ **Library Page**: As a Page, you will work a set schedule, taking care of the following tasks in the library. Quiz required.
- Shelving books
- Shelf reading / Shelf shifting
- Pulling titles from a list
- Craft prep
- Assisting as needed

_____ **Social Media Marketing**: Plan and film reels and other social media posts for the library.

_____ **Museum Docent**: NP Historical Society

If you cannot make it to your scheduled shift, you must email Emma (teens@newprovlibrary.org). If it is within 48 hours of your shift and/or you are scheduled for a Friday, Saturday, or Sunday shift you must email Emma AND call the library (908-665-0311) and speak to or leave a message for the Reference Librarian (not Emma).

Please explain why you would like to volunteer:

_____

_____

_____

(Application continued on the back.)

Volunteer Agreement:

I _____, agree to follow all volunteer procedures and to do my duties to the best of my ability, with the understanding that failure to do so may lead to termination from the volunteer program. I understand that failure to attend two shifts without proper notice will result in being taken off the schedule.

Student Signature: _____

Parent/Guardian Signature: _____

Date: _____