



To apply, please complete both sides of this application, detach and return it by **May 1 to the library where you want to volunteer** this summer as a member of the Teen Team. Some locations may fill their available Teen Team positions prior to May 1, so turn in the application to your preferred library as soon as possible. If you are completing this application after May 1, please check with your library to see if there are openings still available and return the form as quickly as possible. Volunteers are expected to complete their own application. If selected for an interview, your librarian will contact you.

Name _____ Date of birth _____ Age _____

Address _____
street city state zip

Phone _____ School _____

What are your pronouns? (optional) _____ Please check this box if you would like a pronoun button ☐

Email _____

T-shirt size: (adult size) (circle one) S M L XL XXL

Parent's name _____ Parent's phone _____

Parent's email _____

EMERGENCY CONTACT (other than parent listed):

Name _____ Relationship _____

Phone (H) _____ Phone (W) _____ Phone (Cell) _____

List one adult (other than a relative) whom we can contact for a reference: (ex: teacher, coach, church member)

_____ name address telephone

Why are you interested in working as a Teen Team member?

Why do you think you would make a good Teen Team member?

Describe any past experience working with children, and/or volunteer or work experience, if any.

Are there times when you are not available to work this summer? When?

Do you have any dietary restrictions or food allergies? If so, please list them here.

Are you willing to wear the Buddy Bookworm costume to promote the Summer Reading Program?

Would you be willing to become a year-round volunteer for the library?



READ AND SIGN THE **WORK AGREEMENT** AND **SAFETY PROTOCOLS** ON THE REVERSE SIDE OF THIS APPLICATION.



WORK AGREEMENT

THE LIBRARY AGREES:

- To provide you, as a volunteer, with a safe work environment.
- To provide supervision and training by a member of the library staff, who will answer your questions and provide feedback regarding your work.
- To recognize your contributions as a volunteer to the success of the library.

AS A TEEN VOLUNTEER, I AGREE:

- To adhere to all Tulsa City-County Library policies and procedures.
- To call my supervisor as soon as possible if I am unable to report to my shift at the library.
- To arrive on time and check in with staff upon my arrival.
- To dress appropriately and report to the library in my Teen Team T-shirt.
- To report my volunteer hours on the volunteer time sheet.

AS A PARENT, I AGREE:

- To encourage my teenager to strive for good work habits and attendance.
- To be responsible for all transportation and to ensure that my teenager arrives on time and is picked up within 15 minutes of the end of his/her shift.
- To emphasize the importance of my teenager's volunteer responsibility.

TCCL COVID-19 SAFETY PROTOCOLS FOR VOLUNTEERS ADDENDUM

- All volunteers must comply with TCCL COVID-19 safety standards (mask wearing, hand washing, social distancing – as required) and attest to vaccination status or commit to regular testing prior to engaging in on-site work at TCCL.
- All individuals are still required to monitor symptoms daily, stay home if they are sick or experiencing COVID-19 symptoms, and report to their supervising manager if they test positive for COVID-19 or have had close contact with someone who tested positive, regardless of their vaccination status.
- Whether the volunteer is at home or at work, volunteers need to contact their supervisor if experiencing symptoms. This ensures appropriate contact tracing and that volunteers are provided support in accordance with privacy regulations. Volunteers may return to work on-site once they can attest that they are not experiencing symptoms and have notified their supervisor that they are able to return.
- Please check the box below that coincides with your vaccination or testing status.

VACCINATION STATUS:

- ☐ I am fully vaccinated for COVID-19 (two weeks have passed since my second dose of a two-dose series OR two weeks since my single-dose vaccine), or have been boosted.
- ☐ I am partially vaccinated for COVID-19 (received one of a two-dose course of vaccination).
- ☐ I am not vaccinated but will show negative test results upon request.

Prospective Volunteer's Signature _____ Date _____

Parent's Signature _____ Date _____