WaKeeney Public Library
610 Russell Ave,
WaKeeney, KS 67672
785-743-2960
wakeeney.nwkls.org
director@wakeeneypubliclibrary.org

Student Summer Volunteer Application

The WaKeeney Public Library is looking for 3-4 teen volunteers this summer during our Summer Library Program. If you are looking for a way to get experience that looks good on college applications and resumes, this is it! Flip this over and fill out the application on the back. If you have any questions, please call 785-743-2960.

What do summer volunteers do at the library?

- Help staff set up for crafts and programs.
- Take attendance and help registration before programs.
- Help kids check in and check out books.
- Prepare crafts, cut paper, and organize items.
- Clean up and take down after the program is done.

Here's what you need to know:

- You must be entering grades 8-12 in the fall.
- You need to be dependable and show up for trainings and on program days. Please have rides worked out if you need them.
- Ask your parent/guardian for permission.
- Make sure you can commit to the 5 weeks of volunteering for the summer program
- Be available Wednesday afternoons (times negotiable) and Thursday mornings from 9:00am to 11:30am.(Let us know if you have camps, vacation, or work)

Parent/Guardian Authorization

I, _____, give permission for my child to be a teen volunteer for the WaKeeney Public Library during the Summer Library Program. I understand that my child will not receive monetary compensation or be insured by the Library. I have read and understand the requirements as outlined on this sheet. My child will be available for the days as listed above for the 5 week program.

Parent/Guardian Name (Print):_____
Date:_____
Parent/Guardian Signature: _____
Phone: _____ Email:_____

EMERGENCY CONTACT: (If different than above)

Name: _____ Phone: _____
Photos and videos may be taken at the library to communicate our programs and services on social media and other outlets.
Do you allow us to take pictures and/or videos of your child that may be used on social media or other outlets? (Please Check) ___Yes ___No

Summer Teen Volunteer Application

Name: _____

Age: _____ Grade in Fall: _____ Adult T-shirt Size (circle one): S M L XL 2XL 3XL

Address: _____

City: _____ State: _____ Zip:_____

Email: _____

Can you help on Wednesdays and Thursdays from May 28th to June 25th? _____

Do you have camp, vacation, or work scheduled? _____

If so, when?_____

In a few brief sentences, tell us why you would like to be a summer library teen volunteer:

_____

_____

_____

_____

If I am selected as a teen volunteer, I will abide by the rules of the Library and will be dependable for the duration of the summer library program. By signing below I certify that the information above is accurate and complete. I understand that I am offering to volunteer free of charge.

Signed: _____ Date: _____