

# TURN UP THE VOLUME

## Join the CHPL Summer 2018 Volunteer Force!

The Cherry Hill Public Library is seeking **40** outgoing, service-minded, and responsible teens to volunteer this summer!



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**CHPL  
TEENS**

Your space. Your voice.

**Summer 2018  
Teen Volunteer  
Application**

Open to Cherry Hill students and residents between the ages of 13-19.

### What will I do?

- ◆ Register patrons for our **Summer Reading Club**, explain the details of the program, and award prizes.
- ◆ Assist librarians with **events** for children and teens.
- ◆ Help with daily library tasks
- ◆ Assist at the Library's end-of-summer Backyard Bash

### Who can apply?

A strong applicant will be:

- ◆ A resident of Cherry Hill, NJ or student in a Cherry Hill school.
- ◆ Between the ages of 13-19.
- ◆ Able to communicate and work well with others in a public setting.

Past experience with leadership or volunteering is a plus.

### How do I apply?

- ◆ **New** applicants should fill out this entire form including essay questions. Volunteers will be selected on the strength of their application and references.
- ◆ **Previous summer** volunteers: to indicate you would like to volunteer again, fill out the back of this form with your updated personal information and return it by the deadline. You do not need to answer the essay questions or provide references.

### Image Release

*If selected, I hereby authorize print and/or broadcast media to interview, photograph or film me and/or my child for use in library publications, programs, exhibitions, showings or displays, and the promotion thereof in all media (including online promotion). Cherry Hill Public Library may edit such items as desired.*

Applicant's Signature (if over 18) \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian (if under 18) \_\_\_\_\_ Date \_\_\_\_\_



1100 Kings Hwy N  
Cherry Hill, NJ 08034  
For more information,  
call 856-903-1229  
www.chplnj.org

## APPLY NOW!

**Application Deadline  
Saturday, May 19  
at 5 p.m.**

I am a returning CHPL Summer Volunteer!!

**Previous summer** volunteers: to indicate you would like to volunteer in 2018, simply fill out the back of this form with your updated personal information and return it by the deadline.

### Training Sessions

ALL volunteers must complete **ONE MANDATORY** orientation session.

**Please check off the orientation session you are available to attend.**

- Thursday, June 7  
6 p.m. - 8:30 p.m.
- Thursday, June 14  
6 p.m. - 8:30 p.m.

# Cherry Hill Public Library • Summer 2018 • Teen Volunteer Application

## IMPORTANT! :

- The Library will accept up to 40 applicants for volunteer status.
- First-time applicants must fill out the essay questions below.
- Late applications will be placed on a waiting list on a first come, first served basis.

## FOR STAFF USE ONLY

Date received: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

**Application Deadline is  
Saturday, May 19 at 5 p.m.**

Apply by completing and returning this application to the Youth Services Department. **If selected, you will be contacted by June 2nd.**

**ALL VOLUNTEERS:** Please provide the following information:

Name: \_\_\_\_\_ Grade Entering (if applicable): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Age: \_\_\_\_\_ School (if applicable): \_\_\_\_\_

**NEW APPLICANTS ONLY:** Please answer the following questions on a separate sheet

1. Why are you interested in volunteering for the Cherry Hill Public Library?
2. How much time per week would you like to volunteer this summer? (e.g. 2 hours/week)
3. What, if any, kind of volunteer work have you done in the past?
4. Please provide at least two non-family references (include their name, phone number, and relationship to you).

*I certify that the answers contained in this application are true. My volunteer service is conditional upon the completion of this application.*

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you are under 16, please have a parent sign below:**

I, \_\_\_\_\_  
give permission for my son/daughter

\_\_\_\_\_ to volunteer at the Cherry Hill Public Library.

Parent's Signature  
\_\_\_\_\_

**Emergency Contact Information**

Name of contact and relationship to you:  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Alt. Phone #: \_\_\_\_\_