



## Rohnert Park-Cotati Regional Library TEEN VOLUNTEER APPLICATION

For teens between the ages of 13-18

Name (PLEASE PRINT) \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age \_\_\_\_\_

Grade/School \_\_\_\_\_ E-mail \_\_\_\_\_

Telephone \_\_\_\_\_  Texting okay? Pronouns \_\_\_\_\_

Library Open Hours	Your availability:	1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice
Tuesday (library open 10-8)			
Wednesday (library open 10-8)			
Thursday (library open 10-6)			
Friday (library open 10-6)			
Saturday (library open 10-6)			

I need \_\_\_\_\_ hours.

I am volunteering for fun

Why do you want to volunteer at the library? \_\_\_\_\_

If for community service/school, what is your deadline for completing these hours? \_\_\_\_\_

I hereby apply for a Volunteer position with the Sonoma County Library.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Photo & Video Release for Social Media/ Parent or Guardian Signature: \_\_\_\_\_

EMERGENCY CONTACT: Who should we contact in case of a zombie apocalypse?	
Name: _____	Relationship: _____
Home Phone: _____	Work Phone: _____

# Tell Us About Yourself



Do you have a library card?

YES or NO

If "NO," please complete the attached application for a library card, have a parent/guardian sign it, and bring it to your Teen Volunteer Orientation

What is your favorite book?

What are your hobbies or special interests? \_\_\_\_\_

Type of music you like the most? \_\_\_\_\_

If you could travel to anywhere in the world, where would you go? \_\_\_\_\_

What is one thing you like best about yourself? \_\_\_\_\_

If you could only eat one thing for the rest of your life, what would it be? \_\_\_\_\_

Can you touch your nose with your tongue? \_\_\_\_\_

On a scale of one to penguin, how random are you? \_\_\_\_\_

Are you a part of any fandoms? \_\_\_\_\_

What do you want to be when you grow up? \_\_\_\_\_

What is something you think would be important for me to know about you? \_\_\_\_\_

STAFF USE ONLY:	
STRENGTHS:	
WEAKNESSES:	
PROBLEMS?	

## **Rohnert Park-Cotati Regional Library**

### **TEEN VOLUNTEER AGREEMENT**

We are happy that you have chosen to volunteer at the Rohnert Park-Cotati Regional Library and hope that your time will be enjoyable and fulfilling! Before beginning your volunteer hours please read the guidelines listed below carefully and then sign.

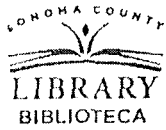
As a Teen Volunteer at the Library, I agree to the following:

1. **I will arrive at the library at my assigned time.**  
If I am unable to do this, I will email or call 707-584-9121 and notify a staff member. If possible, I will call at least 24 hours before I am scheduled to arrive.
2. **I will speak with Allison Palmer or another librarian if I need to make changes to my schedule. I will perform my duties as assigned.**
3. **If I have questions about tasks I am assigned, I will ask.**
4. **I will not use any personal electronic device (smartphone, etc.) while working.**  
(You can listen to music only when off the library floor.)
5. **I will not use the computer while working, unless I have permission.**
6. **I will wear appropriate clothing: close-toed shoes, no inappropriate imagery, no swearing, and no undergarments showing.**
7. **I will refer patrons to library employees when questions arise that are not directly related to my assignment.**
8. **I will be courteous and respectful to library patrons, staff, and other volunteers.**
9. **I will not bring food or drink into the library (exception: water bottle with a cap.)**
10. **I will focus on my assignment while I am working and keep socializing to a minimum.**

Volunteering should be considered job experience and treated as such.

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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



# Library Card Registration *(En Español al reverso)*

- ▶ Photo ID required for adult applicants (18+ years old)
- ▶ Parent/guardian approval required for applicants under 18 years ←

**Name**  
**Legal Name** *(if different)*  
**Date of Birth**  
**Library PIN** *(password)* \_\_\_\_\_ (PIN is required, must be four numbers)  
**Preferred Language**     English     Español  
**Phone Number**        (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
**Mailing Address**  
**City/State/Zip**  
**Email Address**  
**Communication Preference**     Email     Phone Call     Text Message  
Standard text message rates apply.

You are responsible for all items borrowed on your account, including fees for damaged or lost items. *Change your name or lose your card? Let us know right away.* Sonoma County Library may contact you with information about your account or library services.



# Solicitud para tarjeta de biblioteca *(English on reverse)*

- ▶ Se requiere identificación con foto para los solicitantes adultos (de 18+ años)
- ▶ Se requiere permiso del padre/tutor legal para los solicitantes menores de 18 años ←

**Nombre**  
**Nombre oficial** *(si es diferente)*  
**Fecha de Nacimiento**  
**PIN de biblioteca** *(contraseña)* \_\_\_\_\_ (Requerido - PIN debe ser cuatro números)  
**Idioma preferido**         Inglés     Español  
**Número de teléfono**    (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
**Dirección de correo**  
**Ciudad, estado, código postal**  
**Correo electrónico**  
**Método de comunicación preferido**     Correo electrónico     Teléfono     Mensaje de texto  
Se aplican tarifas estándar de mensajes de texto.

Usted es responsable por todos los artículos prestados en su cuenta, incluidas las tarifas por artículos dañados o perdidos. *¿Cambió su nombre o perdió su tarjeta? Háganos saber de inmediato.* La Biblioteca del Condado de Sonoma puede comunicarse con usted con información sobre su cuenta o servicios de la biblioteca.

X \_\_\_\_\_  
*Parent or Guardian Signature*  
*Firma del padre, la madre, el tutor o la tutora*