



Office Use

Print Last Name _____	Initials of the staff member taking the application:
Date of Application _____	
Branch _____	
_____ Check here if BCI check is Complete _____	

Teen Volunteer Application

Your Full Name: _____ Date of Birth*: _____
Street Address: _____ ***If you are 18 or older a BCI check is required.**
City: _____ State: _____ Zip Code _____ School: _____
Phone: _____ Email: _____ Grade: _____

How many Volunteer Hours are you seeking? _____ By what date must you complete the hours? _____

Check the branch libraries at which you are willing to volunteer:

_____ Arlington _____ Auburn _____ William Hall _____ Knightsville _____ Oak Lawn _____ Central

Check the volunteer assignments that interest you:

- | | |
|---|---|
| <input type="checkbox"/> Assist at youth services programs | <input type="checkbox"/> Help prepare program materials |
| <input type="checkbox"/> Clean the toys used in the Book Babies program | <input type="checkbox"/> Shelve library materials |
| <input type="checkbox"/> Technology Assistance: 3D printing, Minecraft, or Roblox | <input type="checkbox"/> Teen Team* |

**Teen Team - Young people in grades 6-12 may earn community service hours by joining the Teen Team, which helps to plan teen programs and services and raises funds for the Cranston Public Library. Meetings are the first Monday of the month from 4:30-5:30. Pizza and refreshments are served at meetings.*

Statement of Responsibility: I certify that the answers on this application are true and complete to the best of my knowledge. I am offering my services as a volunteer. If my offer is accepted, I will not be entitled to compensation for any services I provide, and I will not claim any liability on the part of the City of Cranston or the Cranston Public Library for any activities or duties I perform as a volunteer.

Signature _____ Date: _____

If you are under 16, please have your parent or guardian sign below:

I, (Print name of guardian) _____, grant permission for
(Print name of volunteer): _____ to volunteer at the Cranston Public Library

Signature of the Parent/Legal Guardian _____ Date: _____