Seekonk Public Library
connect • learn • grow

Teen Volunteer/Teen Advisory Board Application

Make a difference at your library!
If you're in grade 6 through 12, you are eligible to become a teen volunteer and/or join the Teen Advisory Board (TAB). Return this application to the library or email a scanned copy to teens@seekonkpl.org.

Applicant Information

First and Last Name: _____ Today's Date: _____

School: _____ Grade: _____

Home Address: _____

Email: _____

Phone Number: _____

Applying to become a: ☐ Teen Volunteer ☐ Teen Advisory Board Member ☐ Both

Will your volunteer time count toward required hours for school or another club or organization?

☐ Yes
☐ No

If yes, please provide the following:

School or organization name: _____

Total number of required hours: _____

Deadline for completion: _____

Please list any hobbies, interests, or special skills you want to share: _____

For Teen Volunteer Applicants

When do you want to volunteer?

☐ During the school year only
☐ During the summer only
☐ Year-round

Library Hours
Monday – Thursday: 9 am – 8 pm
Friday & Saturday: 9 am – 5 pm

Volunteer sessions are scheduled on an as-needed basis. Please list the times you are usually **available:**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Do you have previous volunteer experience? ☐ Yes ☐ No

If yes, please provide the following:

Name of the organization: _____

What did you do as a volunteer? _____

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For Teen Advisory Board Applicants

During the school year, we meet on the first Thursday of every month at 3:30 PM to share ideas about upcoming programs and discuss how we can make the most out of the library's services for tweens and teens. This is an opportunity to practice leadership, collaboration, and civic engagement and to take an active role in shaping the library's impact on your community. Becoming a member of the board requires a commitment to attend meetings regularly.

If you are interested in joining TAB, please answer the following:

How did you hear about the Teen Advisory Board?

Is there any reason you might not be able to attend meetings regularly?

For All Applicants

Applicant's Signature: Date:

Parent/Guardian Permission

Name:

Email:

Phone Number:

I do hereby give my permission to provide unpaid service as a volunteer at the Seekonk Public Library. I do hereby release the Town of Seekonk, the Seekonk Public Library and its administration and staff from any and all liability in the event of any injury or illness while providing services at the Seekonk Public Library. I will contact the Teen Services Librarian if I have any concerns by emailing teens@seekonkpl.org or calling (508) 336-8230 ext. 56141.

In the event of injury, accident, or illness, I release and discharge Seekonk Public Library, the Town of Seekonk, and its staff and volunteers from any manner of action and actions, cause and causes of action, suits, damages, claims or demands whatsoever arising out of my child's unpaid service at the Seekonk Public Library, including all claims for compensation thereof.

I hereby give Seekonk Public Library and its assignees the right to photograph, film, videotape, or audio-record my child for the purposes of promoting the library and volunteerism. I also grant the Seekonk Public Library all rights, title and interest in any and all recordings, photographs, or images of my child or their likeness made by the library in connection with my child's volunteer service to the Library.

Parent/Guardian Name (please print): Date:

Parent/Guardian Signature:

Thank you for your interest in volunteering at the Seekonk Public Library. You will receive an email to confirm your acceptance into the volunteer and/or Teen Advisory Board program. If you have any questions, please email the Teen Librarian at teens@seekonkpl.org or call (508) 336-8230 ext. 56141.