



VolunTEENS

Tiverton Library Services' Community Service Program

APPLICATION

Today's Date: _____

Name: _____

Address: _____

Phone: _____

Emergency contact: _____

Name of school: _____ Grade: _____

We prefer students to volunteer one day a week for 1 or 2 hours.

What is the best day for you to volunteer? _____

Preference: Morning _____ Afternoon _____ Evening _____

ADULT REFERENCES: People who know you well but are not in your family, like a teacher, a neighbor, or someone for whom you have worked.

Name _____ Connection _____ Phone: _____

Name _____ Connection _____ Phone: _____

Name _____ Connection _____ Phone: _____

Why have you chosen the library for your community service work?

CONFIDENTIALITY:

While volunteering at the library, you may find out information that is private and confidential. All information at the library is private and should not be discussed with anyone. For example, a patron's telephone number, or books a patron is reading, is information that is private and confidential.

I understand that all information is private and confidential. I agree to follow the above rules of confidentiality. I understand failure to do so will result in my immediate dismissal as a volunteer.

Signature: _____

Return completed application to **Tiverton Library Services, 238 Highland Rd., Tiverton, RI 02878**