



Main Library

602 West Park Avenue
Barberton, Ohio 44203-2458

Phone: (330) 745-1194

Fax: (330) 745-8261

Community

Health Library Branch

155 Fifth Street, Northeast
Barberton, Ohio 44203-3398

Phone: (330) 615-3105

www.barbertonlibrary.org

TEEN VOLUNTEER APPLICATION

General teen volunteers may choose their area of interest with regards to the tasks they are asked to perform during volunteer service hours. Teens may select the Main Floor, Children's Floor, Technical Services, or Maintenance areas for their service hours. Please note that volunteers will not always be needed in all departments.

This is great experience to include on job, college, or scholarship applications.

Today's Date: _____

Name: _____

Address: _____

Phone: _____ Email: _____

City & Zip: _____

What grade will you be in as of fall 2021? _____

School attending: _____

In what department would you like to help? Check all that apply.

Main Floor _____

Children's Floor _____

Technical Services _____

Maintenance _____

I need volunteer hours for:

Graduation _____ A School Club _____ I just want to _____

Other (please explain) _____

How many hours are required? _____

By what date must they be completed? _____

Did someone refer you to us? If yes, who? _____

Parent's Name: _____

Phone Number: _____

Other guardian: _____

Parental Permission

Dear Parent or Guardian:

By returning this application, your child is applying for an unpaid volunteer position at the Barberton Public Library. Volunteers will be assigned specific duties that are appropriate to their age and abilities, with training provided by paid staff members. It is our hope that in exchange for the gift of your child's time and energy, they will gain valuable workplace experience while learning about job responsibility and fulfillment. If verification of your child's service hours is needed please notify us in advance.

Please sign below if you agree to allow your child to volunteer.

I give permission for my child, _____, to volunteer at the Barberton Public Library.

Parent/Guardian Signature _____

Date _____

If you have questions or would like more information, please call the Library at 330-745-1194 and ask for Teen Services Librarian Sarah Granville or email sarah.granville@barbertonlibrary.org