



# Benbrook Public Library

1065 Mercedes Street

817-249-6632

www.benbrooklibrary.org

## Application for Teen Volunteer

Date

The mission of Benbrook Public Library's volunteers is to provide assistance to the staff in every area of operations while also providing quality customer service to the patrons in a professional manner. Prospective volunteers will receive consideration without discrimination because of race, creed, color, sex, age, national origin, or handicap. Submitting an application does not guarantee placement as a Library volunteer. Incomplete applications will not be considered for review.

Please complete this application form if you are interested in becoming a volunteer with the Benbrook Public Library. Once you complete this form, click the Submit button at the bottom of the application.

First Name

Last Name

Street address

Street address line 2

City

State

Zip code

E-mail address

Phone Number

Emergency Contact Name

Phone Number

Relationship

**Are you a returning volunteer?**

Yes

No

Please explain any health or physical limitations

# APPLICANT AVAILABILITY

Please indicate the days and times you are usually available to volunteer: You may volunteer up to 2 hours per week.

## Mornings (8 AM-12)

Monday  
Tuesday  
Wednesday  
Thursday  
Friday  
Saturday

## Afternoon (12-5 PM)

Monday  
Tuesday  
Wednesday  
Thursday  
Friday  
Saturday

## Evening (5 PM-8 PM)

Monday  
Tuesday  
Wednesday  
Thursday

I am available starting this time:

I am available ending at this time:

I am 12 or older, the minimum age for a regular volunteer

Yes      No

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I agree to refrain from repeating, copying or revealing to any outside source, any confidential information learned while I am a volunteer with the Benbrook Library District. I realize that this a privileged information and is not to be shared with anyone other than my supervisor, and only as necessary to carry out my task or service. I understand that I am in a position of public trust and will not sure my public position for personal gain.

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

I certify that I have answered and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by the Benbrook Public Library and that any misrepresentations or omissions may be cause for my immediate rejection as an applicant or my termination as a volunteer. I further release and hold harmless the Benbrook Public Library, its members, affiliates, and employees or loaned executives of all liability with regard to any physical or emotional harm that I may sustain during the time I volunteer at the Library, or as a result of my participation in the project as a volunteer, or in any other activity sanctioned by the Benbrook Public Library.

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

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your application to become a volunteer with the Benbrook Public Library. The library depends on volunteers to extend our ability to deliver services and to strengthen our relationship within the community.