

Teen Trek Volunteer Application

(please complete both sides)

Name: _____

Address: _____

Phone Number: _____

E-mail: _____

Male: _____ Female: _____ Age: _____

Emergency Contact Information:

Name: _____

Phone Number: _____

Relationship to you: _____

Parent/ Guardian permission is needed for those under 18 years of age:

For the purpose of promoting teen activities at the library, staff will often photograph teen events and volunteer sessions.

I ___ do ___ do not give permission to use my child's photo in promotional materials.

I give permission for my child to volunteer at the Morton Mandan Public Library.

Parent/Guardian signature

Date



If you have questions or comments regarding teen programs at the library, please feel free to call: 667-5365 or 1-800-260-4291



609 West Main Street
Mandan, ND 58554
Ph: 667-5365
1-800-260-4291

Mon-Thurs: 9:30am-9pm
Fri-Sat: 9:30am-5pm
Sunday: 1pm-5pm

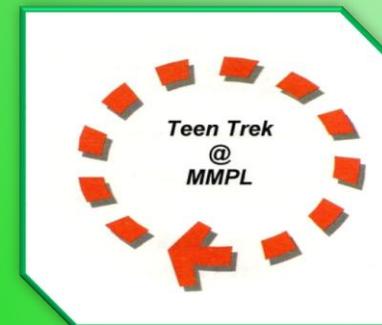
www.mortonmandanlibrary.org

TEEN TREK



Morton Mandan Public Library

Teen Volunteer Program



What is Teen Trek?

Teen Trek is a volunteer program at Morton Mandan Public Library, open to ages 11-17.

Volunteer opportunities are offered weekly during designated times which vary, and are posted on a monthly basis. Teens may volunteer as often as they wish. Schedules are available at the library or on our website www.mortonmandanlibrary.org. Click on programs for teens.

All volunteer programs will be supervised by a member of the library staff. Volunteer applications must be completed and signed before a teen is allowed to start volunteering.



Teen Trek provides opportunities to:

1. Meet new friends.
2. Help with special library programs.
3. Promote library services to others.
4. Earn service hours for job/college applications.
5. Gain real-life job experience.
6. Make a difference in the community.

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(please complete both sides)

What days and hours would you be available to volunteer?

School (September-May):

Summer (June, July, August):

Reason for volunteering?

Please tell us what activities you would like to do as a teen volunteer?

I certify that the answers contained in this application are true and complete to the best of my knowledge. My volunteer service is conditional upon completion of the application and parental permission. I am offering my services as a volunteer. If my offer is accepted, I will not be entitled to compensation for any services provide.

Signature _____

Date: _____