



GLOUCESTER COUNTY LIBRARY SYSTEM

Volunteer Program

Gloucester County Library System

Volunteer Program

Teens are an important part of the Gloucester County Library System volunteer team.

What is a Volunteer?

If you're a teenager interested in volunteer service at a GCLS Branch. Volunteer is the program for you! Volunteer is a great way for teenagers to find ongoing volunteer opportunities both during the school year and during the summer months.

Your Commitment

Please consider carefully whether this time commitment will fit your schedule and other responsibilities. You must have the willingness and ability to make a commitment to your volunteer assignment. We welcome teens and recognize that your schedule often changes. We will do our best with you to accommodate those changes.

Teen Volunteer Requirements

- 12 to 17 years of age
- Minimum 10 hour commitment
- Regular schedule is required for many positions
- Volunteer hours are assigned after interview

The Process of Becoming a Volunteer

- Complete a teen volunteer application. Applications are available at the Circulation Desk at your local branch library.
- Return the completed application to the library.
- The library where you wish to volunteer will contact you to schedule an interview with the branch volunteer coordinator.
- Complete new volunteer training. Training is offered at various times.



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VOLUNTEER REGISTRATION FORM

Branch: ____ Glassboro ____ Greenwich ____ Logan ____ Mullica Hill ____ Swedesboro

Last Name:

First Name:

Address (Number & Street, City or Town, State, Zip):

Grade Level & School Attending:

Birthdate:

Home Phone Number:

Alternate Phone Number:

Email Address:

Best Time to Contact:

Emergency Contact Name:

Emergency Contact Phone Number:

Have you previously done volunteer work for the library? Y / N

What Days of the week are you consistently available? M T W R F Sa Su

School Activities or Interests:

Would you be interested in volunteering in our MakerStudio? Y / N

Would you be interested in participating in the teen advisory board? Y / N

Volunteer's Signature: _____ Date: _____

I, _____ give my teen permission to participate in the Volunteer program at GCLS. I understand that this program will be supervised and that the rules and regulations of the Library will be enforced by the Youth Services Staff. I hereby authorize the Gloucester County Library System and its designee(s) to obtain and/or permit any emergency medical treatment to be performed on my child that appears to have become necessary while he/she is in the care of the Library during this program. I hereby release the Library and its officers, directors, employees, and agents who obtain or perform such emergency medical treatment and agree to hold it or them harmless from liability.

Please have parental or legal guardian sign here:

Parental/Legal Guardian Name (Please print) _____

Parental/Legal Guardian Signature _____