



Dear Fall 2011 High School Volunteer Applicant,

This autumn's volunteers will fulfill their 20 hours at Brighton Memorial Library by completing the following:

*3 hours of reading/reviewing books based on selections from the Young Adult Services Librarian's list*

*5 hours of shelving DVDs*

*4 hours of Shelf Reading*

*3 hours of general cleaning, book washing, and gardening*

*3 hours of special projects (to be determined by supervising librarian)*

*2 hours of shelving/straightening magazines and the reading room*

**The library will be accepting a total of 6 students** for the Fall 2011 program. Applications will be accepted until September 29th. Those chosen will be notified by October 3rd.

Students should anticipate finishing their 20 hours prior to December 20<sup>th</sup>.

*Kory Yerkes*  
Media and Volunteer Services Librarian  
Brighton Memorial Library



2300 Elmwood Ave., Rochester, NY 14618 / (585)784-5300 / www.brightonlibrary.org

## HIGH SCHOOL STUDENT VOLUNTEER APPLICATION

**PLEASE NOTE:**

- IT IS BEST TO SUBMIT THIS APPLICATION ONE MONTH BEFORE YOU WISH TO BEGIN VOLUNTEERING. IF AN OPENING IS AVAILABLE, A DIVISION MANAGER WILL CONTACT YOU WITHIN 2 WEEKS.

**\*\*\*\*\* High school student volunteers are expected to work 1-2 days a week to fulfill their community service requirements. Shifts will be dependent on library needs and are usually 2-3 hours in length. \*\*\*\***

**Parents should encourage students to make all contact with the library regarding becoming a volunteer.**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (DAYTIME) \_\_\_\_\_ (EVENING) \_\_\_\_\_

\*EMAIL ADDRESS (**only** if you regularly check this account) \_\_\_\_\_

HOW OFTEN DO YOU VISIT THE LIBRARY? \_\_\_\_\_ WEEKLY \_\_\_\_\_ MONTHLY \_\_\_\_\_ QUARTERLY

PLEASE LIST YOUR GRADE AND AGE \_\_\_\_\_

ARE YOU SEEKING VOLUNTEER HOURS TO FULFILL A SCHOOL ASSIGNMENT? \_\_\_\_\_

HOW MANY VOLUNTEER HOURS WOULD YOU LIKE TO COMPLETE AT BML? \_\_\_\_\_ BY WHAT DATE? \_\_\_\_\_

WHY WOULD YOU LIKE TO VOLUNTEER AT BML? \_\_\_\_\_

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DESCRIBE YOUR MOST RECENT EMPLOYMENT OR VOLUNTEER EXPERIENCE \_\_\_\_\_

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BRIEFLY DESCRIBE ANY ADDITIONAL SKILLS/TALENTS THAT MIGHT BE HELPFUL TO THE LIBRARY (INCLUDING MICROSOFT OFFICE SKILLS (WORD, EXCEL, ACCESS, ETC.)):

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PLEASE LIST ANY LIMITATIONS YOU HAVE INVOLVING STANDING, BENDING, REACHING OR LIGHT LIFTING FOR EXTENDED TIME PERIODS. \_\_\_\_\_

ARE YOU ABLE TO COMMIT 3 VOLUNTEER HOURS EACH WEEK WITH US? \_\_\_YES\_\_\_NO

PLEASE CHECK WHICH DAYS AND TIMES YOU ARE AVAILABLE DURING THE WEEK WITHIN THE NEXT 2 MONTHS:

MONDAYS: AM\_\_\_\_\_ PM\_\_\_\_\_

TUESDAYS: AM\_\_\_\_\_ PM\_\_\_\_\_

WEDNESDAYS: AM\_\_\_\_\_ PM\_\_\_\_\_

THURSDAYS: AM\_\_\_\_\_ PM\_\_\_\_\_

FRIDAYS: AM\_\_\_\_\_ PM\_\_\_\_\_

Normally, we do not have volunteer opportunities on the weekends. However, if we do need help for a special event or project, would you be available? Yes No

If yes, which day(s) SATURDAYS (before 4)\_\_\_\_\_ SUNDAYS (1-4)\_\_\_\_\_

**THANK YOU FOR YOUR INTEREST IN BRIGHTON MEMORIAL LIBRARY!**

\_\_\_\_\_  
(Applicant's signature)

\_\_\_\_\_  
(Date)

A Parent/Guardian signature constitutes his/her permission for a Minor Applicant to volunteer at Brighton Memorial Library.

\_\_\_\_\_  
(Parent/Guardian's signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian's name printed)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Date)