

Hingham Public Library

Application for Teen Service Programs

Thank you for your interest in volunteering! These programs are open to all students in grades 6-12. Please fill out this form as completely as possible. *If under 18, please have a parent or guardian sign the form and return it to any of the Library's service desks.*

Name:			
Address:			
Phone Number:		Email:	
School:		Grade:	
Are you under the age of 18? Yes _____ or No _____ If yes, please indicate your age:			
When are you available to start?		Pronouns (optional):	
How do you want to volunteer at the Hingham Public Library? <i>Please check all options that interest you:</i>			
<input type="checkbox"/> Teen Advisory Board – meet 2 times/month to help with library programs, displays, etc.			
<input type="checkbox"/> Long-term Weekly Volunteering – volunteer 1 to 1.5 hours/week to help with general office work, shelving, shelf-reading, projects, art projects, etc. through our Teen Department			
<input type="checkbox"/> Short-term Community Service –minimum commitment of 6 hours required - help with cleaning shelves, shelf-reading, and special projects as assigned through our Circulation Department			
Do you need to volunteer in order to earn community service credit? Yes _____ or No _____		Name of school, team, or club requesting hours:	
If yes, how many hours do you need?		If yes, by what date do you need to complete the hours?	
If you would like to do weekly volunteering (long or short term), please check off all times you are available:			
<u>Mondays:</u>	<u>Tuesdays:</u>	<u>Wednesdays:</u>	<u>Thursdays:</u>
<input type="checkbox"/> 3-3:30 pm	<input type="checkbox"/> 3-3:30 pm	<input type="checkbox"/> 3-3:30 pm	<input type="checkbox"/> 3-3:30 pm
<input type="checkbox"/> 3:30-4 pm	<input type="checkbox"/> 3:30-4 pm	<input type="checkbox"/> 3:30-4 pm	<input type="checkbox"/> 3:30-4 pm
<input type="checkbox"/> 4-4:30 pm	<input type="checkbox"/> 4-4:30 pm	<input type="checkbox"/> 4-4:30 pm	<input type="checkbox"/> 4-4:30 pm
<input type="checkbox"/> 4:30-5 pm	<input type="checkbox"/> 4:30-5 pm	<input type="checkbox"/> 4:30-5 pm	<input type="checkbox"/> 4:30-5 pm
<input type="checkbox"/> 5-5:30 pm	<input type="checkbox"/> 5-5:30 pm	<input type="checkbox"/> 5-5:30 pm	<input type="checkbox"/> 5-5:30 pm
<input type="checkbox"/> 5:30-6 pm	<input type="checkbox"/> 5:30-6 pm	<input type="checkbox"/> 5:30-6 pm	<input type="checkbox"/> 5:30-6 pm
<input type="checkbox"/> After 6 pm	<input type="checkbox"/> After 6 pm	<input type="checkbox"/> After 6 pm	<input type="checkbox"/> After 6 pm
<u>To Parents/Guardians:</u> Please sign below to indicate that you give permission for your child under the age of 18 to participate in the Teen Service Programs at the Hingham Public Library. If you have any questions, please contact the Library's Young Adult Librarian, Meghan McCusker, at 781-741-1405 ext. 1403.			
I give permission for _____ to participate in the Teen Service Programs at the Hingham Public Library.			
Parent/Guardian's Signature:		Date:	
Name (please print):		Relationship to student:	
In case of emergency, contact:		Emergency contact's phone:	