

The American Library In Paris

10 rue du Général Camou, 75007 Paris, France

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Youth Volunteer Application

I. Personal Information

Date:

Membership#:

Name:

Address:

City:

Postal Code:

Parent or Guardian:

Relationship:

Telephone (home):

Telephone (cell):

Email Address:

Date of Birth:

Nationality :

II. Education Information

Are you currently attending school? Yes No

Name of school:

Grade

Are you involved in extra-curricular activities? Yes No

If so, please list

III. Volunteer Information

Are you volunteering to fulfill a community service requirement? Yes No

Who is requiring the community service?

Reason you were required to complete community service:

Number of hours you have to complete?

Deadline

Have you ever volunteered anywhere before? Yes No **If so, where?**

What were your duties?

How did you hear about the Library's volunteer program?

Why do you want to volunteer at the library?

Describe your skills, abilities, interests, and/or:

Do you speak and/or write French? Yes No

Other languages (please list):

Do you currently volunteer for any other organizations? Yes No **If so, where?**

Knowing that volunteering for the Library could include long periods of standing, kneeling or bending, as well as lifting in some cases; do you have any physical limitations we should be aware of? (List)

IV. Schedule Information

Please list preferred library locations for volunteer assignment:

1)

2)

3)

**I AM AVAILABLE FOR VOLUNTEER SERVICE
A REGULAR COMMITMENT OF AT LEAST 4HRS PER WEEK:
(CHECK ALL TIMES THAT APPLY)**

	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning (10am-2pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Afternoon (2pm-6pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1pm – 6pm
Evening (6pm-9pm)						

Additional information regarding your availability:

V. Reference Information

Please list a personal reference that we can contact:

Name:

Relationship:

Telephone:

VI. Emergency Contact Information

Person(s) to contact in case of emergency.

Name: _____ **Relationship:** _____

Telephone: _____

Do you have insurance coverage? Yes No

If so, with which organization/agency? _____

VII. Liability and Confidentiality Waiver

I, _____, understand that in my capacity as an American Library volunteer, I may come into contact with confidential information. I agree to protect this information to the best of my abilities as a volunteer and not to divulge it during or after my service as a volunteer has ended.

Printed Name: _____

Date: _____

Signature: _____

FOR VOLUNTEER OFFICE USE ONLY:

- Schedule/Punctuality
- Supervisor Contact Information
- Statement of Policies
- Youth Volunteer Guidelines
- Dress Code
- Policy Acknowledgment Form

Data Entered	Category	Start Date
Inactive Date	Resignation Date	Reason for Resignation
Release Date		Reason for Release