



Student Volunteer Application

We appreciate your choice to offer your time and abilities to the West Des Moines Public Library! The Library offers two volunteer opportunities for students:

1. **Group Service Project** - A monthly, two-hour volunteer opportunity for students in 9th – 12th grade interested in helping the library with a variety of tasks that require no experience or prior training. This volunteer opportunity is ideal for students looking for Silver Cord or other types of service hours. Students interested in this volunteer opportunity should fill out a *Group Service Project Application* available online or at the library.
2. **Student Volunteers** – Positions are available to a limited amount of students interested in working with library staff in a variety of capacities. Students must meet the following guidelines:
 1. Students must commit to working 2 hours per week for no less than one semester.
 2. Students must be 13-18 years old and have finished 7th grade.
 3. Students must be willing to perform a variety of tasks and receive continual training.
 4. Students should be flexible, self-motivated, reliable, hard-working, and cooperative.

Potential Student Volunteers should return this completed application to the Library. After your volunteer application is reviewed, your name will be put on a waiting list and will remain on the list of potential volunteers until a need arises. Please contact the library with questions, wdmlibraryvolunteers@wdm.iowa.gov.

Name: _____ Date: _____

Address: _____ City & Zip: _____

School: _____ Age: _____ Grade: _____

Email #1: _____ student parent/guardian

Email #2: _____ student parent/guardian

Phone #1: _____ Name: _____ cell home work

Phone #2: _____ Name: _____ cell home work

Reminders and communication via email only unless otherwise requested; please only list valid frequently checked email.

Volunteer Parent/Guardian Permission Form

Note to Parent or Guardian: all student volunteers under age 18 must have a parent or guardian's permission to volunteer at the Library. Volunteers must be able to work independently and comply with all rules of the Library while in the building.

_____ has my permission to work as a volunteer at the West Des Moines Public Library.
STUDENT NAME

Printed name: _____ Signature: _____
PARENT NAME PARENT SIGNATURE

Volunteer Questionnaire

Are you a returning volunteer? No, it's my first time! Yes! I volunteered... _____
LAST TIME VOLUNTEERED

How long would you be available to volunteer? (check all applicable)

- Fall semester
- Spring semester
- Full school year
- Until this date: _____
- This many hours: _____
- Other: _____

What days and times work for you? (check all applicable)

- Tuesday after school
- Wednesday after school
- Wednesday evening
- Thursday after school
- Saturday morning
- Saturday afternoon
- Sunday afternoon
- Other _____

Please let us know why you would like to volunteer at the Library (check all applicable):

- Silver Cord/Community service
- Work experience
- Church/Scouting requirement
- Afterschool activity
- References for college
- I love the Library!
- Other _____

Please let us know what duties you would prefer: (check all applicable)

- Shelving picture books
- Alphabetizing, organizing, sorting, counting, & folding
- Artistic jobs (drawing, painting)
- Cleaning book bins, shelves, tables, etc.
- Pull books for displays and look up books on the catalog.
- Anything you ask me to do!

How would you get to the Library (check all applicable)?

- Walk
- Bike, skate, skateboard, etc.
- Parents
- Friends
- Drive
- Other _____

Please list any other volunteer or work experience (babysitting, church, yard work, parent's business, tutoring, etc.):

Please list any activities, hobbies, interests, or other ways you spend your time? _____

Please list any time obligations you have, other than school (job, sports, scouts, music, drama, dance, debate, etc.):

Please list any other talents, special skills, or abilities that you may have (languages spoken, juggle, sing, act, etc.):

Please describe any physical limitations or medical information of which staff should be aware: _____

Is there anything else we should know about you? _____
