

Salina Public Library

Summer VolunTEEN Application

Today's Date: _____

APPLICATIONS DUE FRIDAY, MARCH 20TH.

LAST Name: _____ FIRST Name: _____

Address: _____ City: _____ Zip: _____

Primary phone: (____) _____ - _____ Date of birth: _____

Email: _____

(Interview requests will be sent via email, so a valid email address is required. A parent/guardian email address is acceptable.)

School: _____ Current Grade: _____

Check the days/hours you will usually be available this summer:

To be eligible, you must be able to commit to at least 10 hours of volunteer work during the summer.

Day	Tues.	Wed.	Thurs.	Fri.
10:00-12:00				
1:00-3:00				
3:00-5:00				

Dates you know you will NOT be available to volunteer:

Due to limited need, VolunTEENS will take place during JULY ONLY for the 2026 Summer.

Adult Shirt Size: S _____ M _____ L _____ XL _____ XXL _____

How did you hear about this opportunity?

- Previous VolunTEEN experience
- School personnel
- Family member or friend
- Library website or library social media
- Other: _____

Why are you interested in being a VolunTEEN at the library?

APPLICANT STATEMENT OF UNDERSTANDING:

I understand that:

- If I am selected, I must attend one (1) Summer VolunTEEN Orientation.
- If selected as a participant in the Salina Public Library VolunTEEN Program, I will be committed to volunteering at the library on scheduled days and times.
- In the event they are unable to volunteer, it is my responsibility to contact the Youth Services Department at SPL prior to my assigned time.
- If selected, I am not an employee of the Salina Public Library and that any duties I perform are as a volunteer, free of charge.
- It is my responsibility to update address and phone, emergency or other changes to the information on this form. I agree to abide by library policies as a volunteer.
- I must follow all policies and procedures of the Salina Public Library outlined in the Library Policy Manual and the Summer VolunTEENS Guidelines.
- Past VolunTEEN involvement does not guarantee selection to the program.
- With the opportunity to volunteer for the Salina Public Library, I fully and completely release the Salina Public Library, the library board and library employees from any and all claims, demands, and liability of every nature and description that may arise by being allowed to volunteer for the Salina Public Library.

Applicant signature: _____ Date: _____

PARENT/GUARDIAN INFORMATION

Printed name: _____

Day phone: (____) _____ - _____ Cell phone: (____) _____ - _____

Parent/Guardian email: _____
(if different than above)

Preferred contact: Day _____ Cell _____ Email _____ Any _____

(The primary means of communication regarding schedules and cancellations will be via email. However, we will do our best to call for immediate needs/cancellations/etc. when able.)

PARENT/GUARDIAN STATEMENT OF UNDERSTANDING:

I understand that:

- If selected, my child is not an employee of the Salina Public Library and that any duties they perform are as a volunteer, free of charge.
- If selected as a participant in the Salina Public Library VolunTEEN Program, my child will be committed to volunteering at the library on scheduled days and times.
- In the event they are unable to volunteer, it is their responsibility to contact the Youth Services Department at SPL prior to their assigned time.
- It is my child’s responsibility to update address and phone, emergency or other changes to the information on this form.
- My child must agree to follow all policies and procedures of the Salina Public Library outlined in the Library Policy Manual and the Summer VolunTEENs Guidelines.
- Past VolunTEEN involvement does not guarantee selection to the program.
- As a parent/guardian, I will support my child’s participation by providing and facilitating transportation, encouragement, and support as needed.
- With the opportunity to volunteer for the Salina Public Library, I fully and completely release the Salina Public Library, the library board and library employees from any and all claims, demands, and liability of every nature and description that may arise by being allowed to volunteer for the Salina Public Library.

Parent/guardian signature: _____ Date: _____

EMERGENCY CONTACT

(if different than above)

Printed name: _____

Relationship to applicant: _____

Phone: _(____)____ - _____

**DUE TO LIMITED NEED, VOLUNTEENS WILL TAKE PLACE IN JULY ONLY.
SPOTS ARE LIMITED TO 15 VOLUNTEERS FOR THE 2026 SUMMER.**

APPLICATIONS DUE FRIDAY, MARCH 20TH, 2026

NO applications will be accepted past the deadline or after spots have been filled.

Return completed application to the Circulation Desk.

You will be contacted after the first week of April about your application.