ABOUT YOU INFO SHEET
The Charleston County Public Library provides a variety of volunteer opportunities for ages 12-17.

We will keep a log of the hours each teen works and provide a letter to promote the academic and professional endeavors of CCPL volunteers upon request. Teens will have an opportunity to develop new skills and perform a vital service to the community.

About You:
Name: ____________________________
Age: ________
Address: ________________________________________
Phone: _____________________________
Email: ______________________________

Preferred method of contact:
☐ Phone
☐ Email

School:
Grade:

Availability:
☐ Monday
☐ Tuesday
☐ Wednesday
☐ Thursday
☐ Friday
☐ Saturday
☐ Sunday (Main Library only)

Commitment:
Volunteering is serious business. You should approach volunteering like a job. How often are you available to volunteer?
☐ Once a week
☐ Every other week
☐ Once a month

School year volunteers must be able to commit to serving at least two hours every month.

Community Location:
To be considered at multiple locations select all libraries accessible to you.
☐ Main Library
☐ Wando Mt. Pleasant Library

STATEMENT OF INTENT
In your own words, tell us why you want to volunteer at CCPL. What do you hope to learn?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What activities do you participate in?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What should we know about you?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Teen Signature:
My signature indicates that the information provided in this volunteer application is true and accurate.

Signature: ____________________________
Date: ______________________________
For the comfort and safety of patrons, volunteers, and staff, and the protection of Library property, the following actions are examples of conduct not allowed on Library property:

1. Violating local, state or federal law;
2. Smoking, use of any tobacco products including, but not limited to: cigarettes, cigars, chewing tobacco or use of a nicotine delivery system that produces smoke or vapor in the buildings or within 50 feet of any library entrance;
3. Possessing weapons;
4. Creating any loud, unreasonable and/or disturbing actions - by an individual or electronic device, including cell phones - that could interfere with the ability of others to use and enjoy library services;
5. Being under the influence of, selling and/or possessing alcohol or illegal drugs;
6. Threatening behavior toward another person, either verbally or physically;
7. Sleeping or putting your head, feet or legs on tables, smoking, sitting on stairs, rearranging or misusing library furnishings;
8. Using library facilities or equipment for other than library purposes, including loitering, solicitation, selling or distributing materials without prior written authorization;
9. Leaving a child under nine years old in the library unattended by a responsible person;
10. Leaving a child or young adult under 18 years old in the library after closing time;
11. Bringing animals in library buildings, except for licensed service animals;
12. Misusing library restrooms to bathe, shave, change clothes, loiter or any other inappropriate behavior;
13. Entering non-public areas of the library or using non-public library telephones, without permission;
14. Stealing or defacing library property, including books and other materials;
15. Taking library property, including books and non-print materials outside library buildings without following established loan procedures;
16. Using library computers inappropriately, including, but not limited to: viewing inappropriate websites as defined in SC Code 16-15-305; using the Internet for illegal purposes; displaying, sending or printing obscene materials; damaging, altering or tampering with the library's equipment or software; and manipulating or interfering with the time management and print management software;
17. Entering the library buildings without being fully clothed, including shoes, shirt, and pants, shorts, dress, or skirt;
18. Entering the library buildings with offensive body odor or personal hygiene;
19. Bringing personal items into the library that will not fit comfortably under a chair or leaving items unattended. Bags should be no larger than 18 inches long. Larger bags of any type, including bedrolls and luggage, are prohibited. Bringing in items with a foul odor that alone, or in their aggregate, could impede the safety of others;
20. Leaving personal items unattended and/or storing personal items in the library;
21. Bringing wheeled devices into the library, other than wheelchairs, walkers, strollers or wheeled book bags. Bicycles shouldn’t be brought into library buildings;
22. Refusing to leave the library at the designated closing time;
23. Disregarding fire regulations;
24. Failing to comply with the Library's established standards and guidelines; and
25. All bags and other articles are subject to inspection by library personnel. The library reserves the right to limit the size and number of items brought into the library.

Library staff will intervene to stop prohibited activities and behaviors. Failure to comply with the library’s established standards of acceptable behavior may result in removal from the building and/or restriction of library privileges.
Spring Session: March 21 – June 5, 2020

- Teen Volunteer programs held at Main Library and Wando Mt. Pleasant locations
- Applicants must be between the ages of 12-17 as of March 21, 2020
- Completed applications due by March 13, 2020

How to Apply:

Complete the Teen Volunteer Application Packet

- About You Information Sheet
- Expectations Overview
- Two Reference Observation Forms
- Teen Volunteer Liability Waiver

Bring completed application packets to the Young Adult department at the Main Library or Wando Branch, or scan and email to TeenVolunteers@ccpl.org, by March 13, 2020

What to Expect Next:

Teens will receive email notification following the review of each application.

If Accepted:

- Volunteers must attend an orientation session on Saturday, March 21, 2020. Orientation counts as volunteer time.

- Volunteers must arrange a work schedule with the Teen Volunteer Coordinator at their location. Spring Session volunteers must commit to serve at the library a minimum of 4 hours per month.

If Declined:

- While the Charleston County Public Library strives to accommodate as many customers as possible, only a limited number of volunteer spots are available, and serving the public may not be ideal for all teens. Teens may reapply for future volunteer sessions if not selected.
Expectation Overview:

Teen Responsibilities:

- Provide excellent customer service to staff and patrons.
- Meet volunteer commitment regulations (2 hours per month).
- Attend volunteer orientation.
- Establish a schedule with staff.
- Communicate absences with staff in advance. (Any volunteer that misses 2 scheduled shifts without contacting staff will be removed from the volunteer program.)
- Put away cell phone during shift.
- Dress appropriately for the workplace.
- Adhere to CCPL’s Code of Conduct (attached).
- Protect the privacy of library customers. (Disclosure of confidential customer information is cause for removal from the volunteer program.)

I understand the expectations listed above, and that failure to meet the listed expectations may lead to dismissal from the CCPL Teen Volunteer Program.

Teen Signature: ________________________________________________
Date: _____________________

Parent Responsibilities:

- Support your teen.
- Instruct your teen to approach this responsibility as a job and allow the teen to work independently with staff.
- Remind your teen to contact staff regarding schedule changes. (Please do not contact staff on behalf of your teen unless there is an emergency.)
- Be aware of the library’s closing time and ensure your teen is not left unattended on library property after hours.

I understand the expectations listed above and that failure to meet the listed expectations may lead to my teen’s dismissal from the CCPL Teen Volunteer Program.

Parent/Guardian Signature: ________________________________
Date: ________________
Liability Waiver

Thank you for your interest in the Charleston County Public Library Teen Volunteer Program. We greatly appreciate your assistance and commitment to our libraries. This is an annual form where you agree to release Charleston County of all liability while working with the Charleston County Public Library. This form is in effect for one year from the signing date.

Instructions: The parent or legal guardian shall complete this form. The completed form must be returned as part of the Charleston County Public Library Teen Volunteer Program Application packet.

________________________ (the “Volunteer”) desires to serve the Charleston County Public Library and actively engage in the duties, responsibilities and expectations of a volunteer. As the parent or legal guardian of the volunteer, I hereby offer the volunteer my permission to participate in the Charleston County Public Library (CCPL) Teen Volunteer Program without me or any other accompanying adult. I understand that library staff will be coordinating the volunteer activities and will not be responsible for the volunteer before, during or after the volunteer’s service hours.

Release and Waiver: In exchange for the volunteer being allowed to participate in the CCPL Teen Volunteer Program, I agree to waive, release and forever discharge any and all claims, rights and causes of action against Charleston County and their respective officers, officials, employees and agents for injury or damage caused or alleged to be causes as a result of the volunteer’s participation in the CCPL Teen Volunteer Program. I agree to this waiver and release for all my heirs, personal representative, next of kin, and assigns.

Service Time: I understand that the volunteer will not be compensated financially, or in any other manner for their community service. A letter will be provided reporting the hours of service as requested by the volunteer.

Assumption of Risk: Further, I understand and voluntarily assume all risks associated with the volunteer’s participation in the CCPL Teen Volunteer Program, including the possibility of accidental or their physical injury during the CCPL Volunteer Program conducted by Charleston County, Charleston County Public Library, including programs co-sponsored by other agencies. This waiver and release of all claims and assumption of risk is intended to be as broad and inclusive as permitted by the laws of the state of South Carolina. If any portion of this document is held invalid, the remainder shall continue in full force and effect.

My signature certifies that I grant permission for the volunteer to participate in the CCPL Teen Volunteer Program and further, will assure that, if dropped off at the library, the volunteer will know the arrangement for getting home in a safe and timely way.

Promotional Release: My signature certifies that I grant Charleston County the right to record the volunteer, the right to use information provided during an interview and the right to use said photographs and the information in connection with the publicizing or promoting of Charleston County, its services or departments and agencies, print or online.

To opt out of having the volunteer recorded for promotional purposes, initial and date here: _____________

I have carefully read and fully understand the meaning of this document. The information is true and accurate to the best of my knowledge. I agree to all the terms set forth herein, and I have voluntarily signed below.

Parent/Guardian Signature:________________________________________

Date:________________________________________
Hello,

Each prospective volunteer is required to provide two references. Please complete the confidential form below and return it to the volunteer in a sealed envelope. The unopened envelope will be attached to the teen application packet and turned in with the other requested materials.

Thank you for your time and consideration.

Andria Amaral
Young Adult Services Manager
Charleston County Public Library
843.805.6880
amarala@ccpl.org

**Volunteer Info:**
Name: __________________________

**Reference Info:**
Name: __________________________
Relationship:
- [ ] Community leader
- [ ] Employer
- [ ] Mentor
- [ ] Neighbor
- [ ] School counselor
- [ ] Teacher
- [ ] Other: __________________________

**Observations:**
Please select the box that best describes the above named teen.

**Attitude:**
- [ ] Excellent
- [ ] Good
- [ ] Average
- [ ] Below Average
- [ ] Poor

**Courtesy:**
- [ ] Excellent
- [ ] Good
- [ ] Average
- [ ] Below Average
- [ ] Poor

**Dependability:**
- [ ] Excellent
- [ ] Good
- [ ] Average
- [ ] Below Average
- [ ] Poor

**Initiative:**
- [ ] Excellent
- [ ] Good
- [ ] Average
- [ ] Below Average
- [ ] Poor

**Willingness to help:**
- [ ] Excellent
- [ ] Good
- [ ] Average
- [ ] Below Average
- [ ] Poor