

## Teen Volunteer Application (Ages 11-15)

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Text: (Check One)  Yes or  No

I have read the Rowan Public Library Volunteer Guidelines (initial here): \_\_\_\_\_

### Volunteering Commitment (Check One)

I want to volunteer on a regular basis.

I am volunteering to meet a requirement:

Organization Name: \_\_\_\_\_

Number of Hours Required: \_\_\_\_\_

### Volunteering Availability (Indicate the days and times that you can volunteer)

	Mon	Tues	Wed	Thurs	Fri
3:00-3:30					
3:30-4:00					
4:00-4:30					
4:30-5:00					

### Emergency Contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

For more information, contact **Hope Loman**, RPL Youth Services Supervisor,  
at 704-216-8258 or [Hope.Loman@RowanCountyNC.gov](mailto:Hope.Loman@RowanCountyNC.gov)



## Recommendation Form for RPL Teen Volunteering Program (Ages 11-15)

A completed Letter of Recommendation must be submitted along with an application for 11-15 year olds who wish to volunteer at Rowan Public Library. This form may be filled out by applicant's teacher, religious layperson, or another leader in the community over the age of 18. Letters of Recommendation filled out by family members will not be accepted. Completed Letters of Recommendation may be turned in along with application to any RPL branch, emailed to Hope Loman at [Hope.Loman@rowancountync.gov](mailto:Hope.Loman@rowancountync.gov), or faxed to the attention of Hope Loman to #704-216-8246.

*Information to be completed by Recommender*

Recommender's Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of applicant that you are recommending for the RPL Teen Volunteering Program:

\_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

How do you know the applicant? \_\_\_\_\_

In what capacity have you known the applicant?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Continue on next page*

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## Recommendation Form for RPL Teen Volunteering Program (Ages 11-15)

Please rate the applicant in each of the following areas:

	Excellent	Good	Fair	Poor
<b>Initiative</b>				
<b>Leadership</b>				
<b>Ability</b>				
<b>Diligence</b>				
<b>Communication</b>				
<b>Creativity</b>				
<b>Maturity</b>				

Additional Comments:

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*To the best of my knowledge, the information shared in this form is truthful and accurate.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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