



# General Teen Volunteer Application

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

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Library Card Number: 21855 \_\_\_\_\_

For office use  
Date Received: \_\_\_\_\_ Date AODA Completed: \_\_\_\_\_

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Related skills, experience & training (babysitting, tutoring, camp counselling etc.):

Interests & activities:

Why do you want to volunteer at the Library?

Which Library programs would you be interested in volunteering with? Check all that apply.

**Teen Advisory Group (TAG)** – meets on the first Tuesday of the month, September-June, 7:00-8:00 pm. TAG members help plan library programs for teens, suggest new programming ideas, make suggestions for book purchases and promote the Library to youth.

**March Break Volunteer** – assist with children’s craft and activity programs over the March Break, 1:00-4:00 daily.

**Wacky Wednesday Volunteer** – assist with children’s craft and activity programs through July and August, 1:00-4:00 weekly.

**Owen Sound Mini Comicon (OSMiCon) Planning Committee & Volunteer** – help plan and run OSMiCon, an annual event that takes place on the first Saturday of May.

**Reading Buddies** – Mentor an elementary school student to work on their reading skills, weekly in July & August. **This program requires an additional application.**

**Tech Talk** – Volunteers assist seniors with a variety of technology questions. Alternate Thursdays, 4:00-6:00 pm through the school year. **This program requires an additional application.**

Please contact me for any additional volunteer opportunities that may arise.

Will this volunteer experience be part of your Community Involvement requirement?  Yes  No

**Please note: All volunteers at the Owen Sound & North Grey Union Library must complete the provincially mandated training modules for Accessibility for Ontarians with Disabilities legislation. We will contact you with information on how to complete this training following receipt of your application.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

**If you have any questions or concerns, please contact Nadia Danyluk at 519-376-6623 ext. 5210 or [ndanyluk@library.osngupl.ca](mailto:ndanyluk@library.osngupl.ca)**

**Return this form to:  
Owen Sound & North Grey Union Public Library  
824 First Avenue West, Owen Sound N4K 4K4**

In accordance with the Municipal Freedom of Information and Protection of Privacy Act, personal information is collected under the authority of the Municipal Act, and will only be used for Library purposes.