

Volunteer Information

Weekly Volunteering @ the Library

As a regular weekly volunteer at the library, you will be helping library staff with daily duties such as checking in books, shelving books, organizing the kids' room, playing with kids (toys, board games, video games), reading to kids, helping kids with homework, setting up for programs, assisting staff with special projects, and more. You will be an important part of the library team and we will rely on your help, but we also make sure our volunteers have fun!

Once you return your paperwork, and are approved, you will attend training with Library staff or your teen Captain, Kymberlea Jean-Louis, and receive a welcome basket with goodies, shirt, and id badge.

You will create your schedule, and we ask you to stick by it, but we are understanding of the demands placed on teens with school, work, activities and friends, so would just like a call or text when you won't be able to make it.

Library Social Team - Earning 20 Hours or less:

While we only recruit volunteers who want to earn as many hours as possible (25 hours or more) for our regular weekly volunteers, we know sometimes you just need a few hours, so we wanted to create a way to offer hours in a flexible format. You have opportunities to earn hours by:

- Creating TikToks/Reels promoting the Library
- Attending Library Programs
- Joining Teen Advisory Board (when there are scheduled meetings)

No training for the Social Media team is required!

VOLUNTEER CONTACT FORM

Name _____

Address _____

City _____ Zip _____

Phone Number _____ Home Cell (Recieve Texts Y N)

Email _____

Emergency Contact Information

Name _____

Phone Number _____ Home Cell (Receive Texts Y N)

Email _____

Type of Volunteering

Weekly

Social
Team

Other

Schedule

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

No. of Hours Seeking _____



VOLUNTEER APPLICATION

In accordance with the provisions of the Americans with Disabilities Act, please notify the Human Resources Division at 561-540-5001 in advance if you require special accommodations to participate in this application process.

VOLUNTEER INFORMATION

Last name:	First Name:	MI:
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Address:

City:	State:	Zip:
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Home #:	Cell #:
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Email Address:

Preferred method of contact: Email Home # Cell #

Youth Volunteers (Under 18)	
Parent/Guardian Name (please print):	
Parent Phone:	Parent Email:

How frequently would you like to volunteer? Ongoing (weekly/monthly) One-time event

Date available to begin:

Emergency Contact Information:

Name:	Relationship:	Phone:
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For All Applicants: I hereby certify that the answers given to the foregoing questions and statements are true. I authorize the Town of Lantana to investigate and verify any or all of the information contained in this application. Further, I understand and agree that any community service or volunteer project may be terminated without previous notice. I acknowledge and agree that if at any time I am subjected to any type of discrimination or harassment, I will contact Human Resources or other management representative immediately to obtain assistance in the resolution of such matters. Further, I hereby agree to indemnify and save harmless the Town of Lantana and its agents and employees from and against any and all claims, suits, actions, damages and/or causes of action arising while performing labor tasks for and on behalf of the Town.

NOTICE REGARDING THE COLLECTION AND USE OF YOUR SOCIAL SECURITY NUMBER BY THE TOWN OF LANTANA, FL. PURSUANT TO SUBPARAGRAPH 119.071(5)(a) 2.a., Florida Statutes, THE TOWN OF LANTANA IS PROVIDING YOU WITH THE FOLLOWING STATEMENT AS A RESULT OF THE TOWN'S REQUEST FOR SOCIAL SECURITY NUMBER. YOUR SOCIAL SECURITY NUMBER WILL NOT BE USED FOR ANY PURPOSE OTHER THAN TO PERFORM BACKGROUND CHECKS.

I respectfully request and authorize release of information and records to the Town of Lantana for the sole purpose of assisting the Town of Lantana in conducting a background investigation to determine the applicant's qualification as a volunteer with the Town of Lantana.

Volunteer's Signature	Social Security Number	Date
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