Teen and Tween Advisory Group application form

Fill out this form to apply to become a volunteer at the Port Moody Public Library's Teen and Tween Advisory Groups.

*Indicates required field

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Personal Information

Name
First name *

Last name *

Address
Address *

City/Town *

ZIP/Postal Code *

Email address *
Phone number *
Date of birth *
Grade * - Select - ?

School *

Emergency contact name *

Emergency contact phone number *

Have you ever volunteered at the Port Moody Public Library?

? Yes
? No

When did you volunteer and for which program?

Why would you like to volunteer for the Teen/Tween Advisory Group at the Library? *

What is the best event you can imagine the Library having? (In the past we have had family dance parties, crafting programs, board game events, writing workshops, etc.) *

Do you think you work well with others? Give an example. *

What is your favourite book? *

Do you have any allergies?

Volunteer Opportunities

Which program are you applying for?

? Tween Advisory Group - Grades 4-7.
? Teen Advisory Group - Grades 8-12.

References

Ages 13+ only: Please provide the name and phone number of one adult reference (non-family) who can be reached during regular business hours.

Reference: Name *

Reference phone number *

I declare the information provided to be true and complete, and authorize the Port Moody Public Library to obtain references from those named above.

? Disagree

Parental Acknowledgement

To be completed by a parent or guardian for volunteer applicants under the age of 19 years.

Name of parent/guardian *

I acknowledge that my child has applied as a teen volunteer with the Port Moody Public Library, and the volunteer recruitment process includes a police record check and the collection of personal information.

Photo releases: I give permission to use images of my child for promotional, editorial, advertising or marketing purposes. Photos may be in any medium, including, but not limited to: print, newspaper, magazine, Library's website or social media sites.

Submit