

# TEEN VOLUNTEER APPLICATION AMBASSADOR



[parklandlibrary.org](http://parklandlibrary.org) | Phone: (610) 398-1361

Fax: (610) 398-3538 | 4422 Walbert Avenue  
Allentown, PA 18104

## Teen Intern Position Description

**Teen Ambassador:** Assists the Youth Services staff with the libraries social media accounts to promote teen programs, introduce teen volunteer opportunities, promote teen services, and other duties as assigned.

**Please return your completed application to Amanda Evans, Teen Services, by May 1, 2019.**

Applicants will be notified of their application's status by May 19<sup>th</sup>.

### Duties and Responsibilities:

- Help curate content for Library Snapchat and Instagram
- Promote teen services at Parkland Community Library
- Use creative expression to interact with patrons appropriately through social media
- Help create interactive displays in the teen area
- Assist senior citizens with technology
- Records hours and work completed
- Other duties as assigned.

### Qualifications and Requirements:

- Entering at least 8th grade in the fall
- Adheres to the library's dress code
- Advises supervisor when unable to keep the scheduled commitment
- Submits photos for approval before posting to social media
- Adheres to Library's Social Media Policy
- Able to commit to 2 hours per week.

### How can I get started?

Fill out a Teen Ambassador Application in the library, or online. You can also contact Amanda at [evans@parklandlibrary.org](mailto:evans@parklandlibrary.org) or 610-398-1361 x19.

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

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**Parkland**  
**Community Library**  
 CONNECT • DISCOVER • GROW

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

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

Birth Date: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

\_\_\_\_\_

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

Have you worked at Parkland Library before? YES NO      Do you have a library card in your own name? YES NO

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

What kinds of tasks are you interested in performing at the library? Do you have any special skills?

\_\_\_\_\_

\_\_\_\_\_

Intern Signature: \_\_\_\_\_

I give permission for my son/daughter to be a teen intern: \_\_\_\_\_

Signature of parent/guardian

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## AVAILABILITY

Please note below the days and times that you are available to work:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Times						



## INTERNAL USE ONLY

Date Contacted: \_\_\_\_\_ Initials: \_\_\_\_\_ Interview Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Training Date: \_\_\_\_\_ First Day of Work: \_\_\_\_\_

Schedule: \_\_\_\_\_