



CHPL TEEN AMBASSADORS

CHPL 2017-2018, APPLICATION

Return completed form to the Administrative Office
Application Deadline: Friday, September 22, 2017

CHPL Teen Ambassadors was formed to involve teens (7th -12th grade) in the Library. Their mission is to support and positively impact the Cherry Hill Public Library through fundraising, mentoring and advocating for CHPL.

Personal Information

Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
City: _____ Zip: _____ Date of Birth: ____/____/____ Age: _____
E-mail: _____ School: _____ Grade: _____

CHPL Teen Ambassadors Selection Guidelines

- ◇ Up to **5 Teen Ambassadors** will be selected to join the group for the 2017-2018 school year.
- ◇ All **Teen Ambassadors** must be Cherry Hill residents or Cherry Hill students.
- ◇ **Teen Ambassadors** must be between grades 7-12. Once a **Teen Ambassadors** graduates from high school, they also graduate from the group.
- ◇ **Teen Ambassadors** will be selected based off of their application. Prior involvement in TAB, Jr. Friends or other library volunteering will also be taken into consideration.

CHPL Teen Ambassadors Duties and Expectations

- ◇ Teen Ambassadors work as a group to plan and implement **fundraising events, volunteer at Library events** and help **promote** CHPL.
- ◇ Teen Ambassadors will receive **Community Service Hours** for meetings and events attended and are responsible for logging their own community service hours.
- ◇ Meetings generally occur **once a month on Tuesday evenings**, but Teen Ambassadors are often asked to meet on other weeknights or weekdays to assist with and/or run library events.
- ◇ The Teen Ambassadors “year” runs from the middle of **October** through the middle of **June**.
- ◇ Teen Ambassadors are expected to **consistently attend** the monthly meetings and library events planned by the group. More than 2 unexcused absences will result in a loss of your position as a Teen Ambassador.

[Form continues on back]

Cherry Hill Public Library's Application for TEEN AMBASSADORS 2017-2018

On a separate sheet, please answer the following questions to the best of your ability:

1. Why are you interested in joining the CHPL TEEN AMBASSADOR program?
2. What prior work or volunteer experience do you have that will benefit the group. You may include a resume.
3. What other activities/organizations are you apart of outside of CHPL?
4. Why do you want to volunteer at the Cherry Hill Public Library?
5. What can the Library do to entice more teens to get involved in CHPL?
6. What other fundraiser ideas or events would you like to see the Library do?

Please check the box that best describes you:

- I have participated in the Jr. Friends in the past.
- I have participated in TAB in the past.
- I have never volunteered at CHPL before.
- Other _____

Please check the box of other places you've volunteered at:

- Environmental Group
- Faith Based Organization
- Boy/Girl Scouts
- School-based
- Youth Organization
- Other _____

Teen Signature: _____ **Date:** __/__/__

I certify that the answers contained in this application are true. My CHPL Teen Ambassador position is conditional upon the strength of this completed application and a brief phone interview.

Parent Permission Required for Volunteers under 18.

I, _____ (responsible party), responsible for _____ (child's name) do hereby release Cherry Hill Public Library and Cherry Hill Township, and their employees from any and all liability which may arise as a result of volunteering at the Cherry Hill Public Library. He/she has my full permission to participate in the library's volunteer program and I waive any claim for damages to his/her property and assume all the risks of such participation.

The Cherry Hill Public Library also has permission to use my child's photograph, videotaped image or creative works in publicity about the Library and its activities or displays. ___ Yes ___ No

Parent/Guardian signature: _____ **Date:** _____

Relationship: _____ **Telephone:** _____

Email: _____

Submit completed application to:
Meredith Meyer, Volunteer Coordinator
Administrative Office, CHPL
mmeyer@chplnj.org
856-903-1234

For Office Use Only (please check that form is completed fully before initialing)

Date received: _____

Staff Initials: _____



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