San Mateo County Library

Teen Leader Reader

**LEADER CONTRACT**

**Leader name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 first last

**Age: \_\_\_\_\_School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade: \_\_\_\_\_\_\_\_**

**Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Leader Reader Volunteer Code of Ethics and Work Agreement**

**I understand that as a Teen Leader Reader Volunteer, I will be considered a valuable member of the Library team and will be expected to assume the responsibilities in my job description. I understand and agree to:**

* Maintain a neat and clean appearance and dress appropriately for the job I’m doing.
* Be reliable and punctual, notifying my supervisor as soon as possible if delayed or unable to keep my schedule.
* Abide by the Library’s Standards of Behavior and interact with library patrons in a courteous manner.
* Give full attention to my job, which means I will not bring friends or younger siblings with me to my job.
* Be a cheerful and cooperative team player, asking staff for help when I have a problem or question, and providing suggestions as appropriate.
* Commit to a regular weekly one hour Leader Reader shift for at least 20 hours.
* Attend a Teen Leader Reader Orientation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 Leader signature date

**In return, the library agrees to:**

* Provide necessary training and orientation.
* Provide necessary materials and supplies.
* Review volunteer performance, maintain volunteer records, and provide a certificate attesting to volunteer’s service at the end of the school year.
* Welcome volunteer as a team member in the library.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 Library staff signature date

(over)

**To help us determine the value of this program, we would like to know the following information now and at the end of the year.**

Answer these questions at the

**END OF THE PROGRAM**

1. Did you meet the number of hours that you said you wanted to complete listed above? yes \_\_\_\_\_ no\_\_\_\_\_\_\_ What was the total? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. On a scale of 1 to 5 (with 5 being the best), please tell us how you think your reader improved in their reading (circle one):

 (least) 1 2 3 4 5 (best)

1. As far as volunteer programs for teens go, I thought this program was (circle one):

 not too valuable just ok pretty good really great!

1. Anything else you would like to tell us?

**THANK YOU!**

Answer these questions at the

**START OF THE PROGRAM**

1. Do you need community service credit? \_\_\_\_
2. If yes, how many hours do you want to complete? \_\_\_\_\_\_