

Teen Volunteer Application Form

Name: _____ Home Phone: _____

Cell phone: _____

Address: _____ City: _____ Zip: _____

Date of birth: _____ Emergency Contact: _____

School: _____ Grade: _____

Give two personal references we could call and talk to about your abilities (teachers, counselors, or other adults not related to you).

Name: _____ Position: _____ Phone: _____

Name: _____ Position: _____ Phone: _____

Have you volunteered before? Yes ___ No ___ If yes, where? _____

Please list the skills and experiences you possess which can be utilized in your volunteer service with the library.

Why do you want to volunteer at the library?

Please list any interests, hobbies, clubs, activities or special skills.

Are you required (by school or other organizations) to fulfill a specific number of hours? _____ If yes, how many? _____

Days you can volunteer: (circle) Monday Tuesday Wednesday Thursday Friday Saturday

Times you can volunteer: From _____ am/pm to _____ am/pm

First day you can volunteer: _____ Last day: _____

List any days you would not be able to volunteer: _____

Signature: _____ Date: _____

Parent signature: _____ Date: _____

(Required if teen is under 18)