

# LUCY ROBBINS WELLES LIBRARY TEEN VOLUNTEER APPLICATION FORM

Students in high school are eligible for the Teen Volunteering Network

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthday: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City & Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ **(Required)**

Emergency: Contact Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

High School (College): \_\_\_\_\_ Current Grade: \_\_\_\_\_ Year of HS Graduation: \_\_\_\_\_

Have you volunteered before? ☐ Yes ☐ No

If yes, where? \_\_\_\_\_

## **Please check off what volunteer work you would like to do at the Lucy Robbins Welles Library:**

\_\_\_\_\_ I would like to volunteer for both

- Friends of the Library - I will be helping with book sorting, book sales, large events hosted by the Friends, etc.
- Library programs - I will be helping library staff with programs for children and/or adults.

\_\_\_\_\_ I would like to volunteer for ONLY the Friends of the Library.

\_\_\_\_\_ I would like to volunteer for ONLY library programs.

I hereby apply for work as a teen volunteer at the Lucy Robbins Welles Library. I certify that all answers contained in this application are true and complete to the best of my knowledge. I understand that if I am accepted, I will be expected to show up for work when I am scheduled.

Teen Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Parental Permission**

If you are under 16 years of age, please have a parent/legal guardian sign the following permission form:

I \_\_\_\_\_, parent/legal guardian, grant permission for

\_\_\_\_\_ to volunteer at the Lucy Robbins Welles Library.

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In case of emergency - Phone Number: \_\_\_\_\_