



Library

Teen Volunteer Application

Name:

Date:

Date of Birth:

School:

Phone Number:

Email:

Availability (must be able to work 2-hour shifts and must commit to at least 6-months of volunteering):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times							

Please answer the following questions:

1. Why do you want to volunteer for the Library?

2. Describe your previous work experience (other jobs, extra-curricular activities, etc.).

3. Tell us why you would be a good volunteer for the Library.

4. How would you improve your local library?

By signing below, I acknowledge that the information I have provided is accurate and true.

Signature: Date:

Parent Signature: Date:

----- Staff Only Below This Line -----

Date Received: _____ Staff Receiving Application: _____

Branch Name: _____ Staff Signature: _____

Branch Manager Reviewed Signature: _____