

**Albert Wisner Public Library
Teen Volunteer Application**

Please print clearly. Applicants under age 18 require a parent's or guardian's signature.

Your Information:

Name: _____ Date: _____

Address: _____

Phone Number: _____

E-Mail: _____

Over 18 years old? : Yes _____ No _____ Birth Day/Month: _____

Parent/Guardian Signature (for under age 18): _____

Emergency Contact:

Name: _____

Telephone: _____ Relationship: _____

Availability/Times:

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Sunday:

Number of volunteer hours per week desired: _____

If the volunteer time is for an organization:

How many hours are needed? _____

What is the deadline for completing the service? _____

What interests or skills do you have that you think could be valuable in volunteering for the library? Do you like crafting? Are you good with technology? Etc.

Signature:

By signing below, I agree to regard my assignment as a serious commitment and to abide by the policies of the Albert Wisner Public Library. I also agree to maintain communication with my supervisor regarding my assignment and to request clarification as necessary.

Signature: _____ Date: _____