



Student Volunteer Application (Applicants must be high school students)

Please print and complete both sides of the form

DATE _____

PERSONAL INFORMATION

FIRST NAME _____ LAST NAME _____

STREET ADDRESS _____

CITY _____

STATE _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____

WORK PHONE _____ EMAIL _____

DATE OF BIRTH (MONTH/DAY/YEAR) _____

SCHOOL _____ GRADE _____

ARE YOU FULFILLING A SCHOOL REQUIREMENT TO VOLUNTEER? YES NO IF YES, PLEASE INDICATE THE NAME OF THE ORGANIZATION OR PURPOSE AND NUMBER OF HOURS REQUIRED (EXAMPLES: NATIONAL HONOR SOCIETY, MINISTRY HOURS, CONFIRMATION, ETC.)

WHAT AREA OF THE LIBRARY INTERESTS YOU? _____

ARE YOU WILLING TO WORK IN ANY AREA OF THE LIBRARY? _____

SPECIAL INTERESTS AND SKILLS (WORD PROCESSING, ARTISTIC ABILITY, EXCEL, ETC...) _____

WORK EXPERIENCE _____

VOLUNTEER EXPERIENCE _____

VOLUNTEER COMMITMENT

We request that volunteers assisting the library on a regular basis work a minimum of two hours per shift/per week for a minimum of three months.

AVAILABILITY

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MORNING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFTERNOON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVENING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

EMERGENCY CONTACT INFORMATION

NAME _____ PHONE _____

ADDRESS _____

REFERENCES

Please provide the name, address and phone number of two references who are not related to you.

1. _____

2. _____

STUDENT AGREEMENT

I understand the library depends on its volunteers. I will arrive at the designated day and time and will fulfill my assignment in a responsible manner.

SIGNATURE OF VOLUNTEER APPLICANT

DATE

PARENTAL PERMISSION FOR VOLUNTEER SERVICE

I, the undersigned parent or legal guardian, give my permission for this student to volunteer at the Warren-Newport Public Library.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

Thank you for your interest in providing volunteer service at the Warren-Newport Public Library. The mission of Volunteer Services is to support both the staff and patrons of our facility. Upon receipt of your completed application, we will compare your availability and the area of interest with our current opportunities. Please be advised all applicants' references will be checked. If you have any questions, please contact the Volunteer Coordinator at 847/244-5150, ext. 3059.