



Please print and complete both sides of the form.

DATE \_\_\_\_\_

PERSONAL INFORMATION

PREFERRED NAME & PRONOUNS \_\_\_\_\_

LAST NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL 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 (Not required) \_\_\_\_\_

VOLUNTEER EXPERIENCE (Not required) \_\_\_\_\_

**AVAILABILITY**

Volunteering at the library outside of Teen Leadership Council? Check all that apply.

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

If selected for Teen Leadership Council, can you commit to the following:

Attending the required once-a-month Saturday meeting?  YES  NO

Contacting the Teen Leadership Council Advisor if you are unable to attend a meeting or event?  YES  NO

**EMERGENCY CONTACT INFORMATION**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

**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 TEEN LEADERSHIP COUNCIL 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. If you have any questions, please contact the Volunteer Coordinator at 847/244-5150, ext. 3059.