

Youth Volunteer Application

*Thank you for your interest in volunteering at the San Juan Island Library.
We look forward to talking with you about your application.*

AGES 16 AND ABOVE ONLY

Volunteer's Contact Information

Date:	
Name	
Mailing Address	
City ST Zip Code	
Daytime Phone Number	
Alternate Phone Number	
Email Address	

Availability

How many HOURS PER WEEK would you like to volunteer? _____

How many TOTAL HOURS would you like to volunteer? _____

What is the DEADLINE for completing those hours? _____

Place an X for the times you are available to volunteer. Circle the Xs for your preferred hours.

	Sundays	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays
9-10am	closed						
10-Noon	closed						
Noon-1pm							
1-3pm							
3-5pm							
5-6pm	closed						closed
6-8pm	closed	closed		closed		closed	closed

Skills or Talents You Would Like to Share

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Parent / Guardian Consent (for volunteers under age 18)

I give permission for the above applicant to volunteer at the San Juan Island Library for a maximum of _____ hours per week.

Parent/Guardian's Signature	
Date	
Name (printed)	
Daytime Phone Number	
Email Address	

Student Agreement & Signature

I understand that the San Juan Island Library reserves the right to screen volunteers and accept or reject any applications, and to place volunteers in specific locations & positions based on the needs of the Library.

Signature

Date
