

# Teen 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.*

## 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? \_\_\_\_\_

Is there a DEADLINE for completing those hours? \_\_\_\_\_

*Place an X for the times you are available to volunteer.*

	<i>Sundays</i>	<i>Mondays</i>	<i>Tuesdays</i>	<i>Wednesdays</i>	<i>Thursdays</i>	<i>Fridays</i>	<i>Saturdays</i>
Morning	<i>closed</i>						
Mid-Day							
Early Afternoon							
Late Afternoon							
Evening	<i>closed</i>	<i>closed</i>		<i>closed</i>		<i>closed</i>	<i>closed</i>

Complete Other Side

## Library Tasks You May be Asked to Perform

Sharpen Pencils  
Organize Magazines  
Cleaning and Dusting  
Use Scissors to Prepare Craft Activities  
Use Paper Cutter to Make Forms  
Photocopy or Fold Forms and Brochures  
Read Shelves for Materials Not in Correct Order  
Return Materials to Correct Shelves

## 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)	
Emergency 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.

I understand that if accepted, it will be my responsibility to maintain any log of my hours required for scholarships or academic credit.

*Signature*

*Date*
