

**SOLANO COUNTY LIBRARY
TEEN VOLUNTEER APPLICATION**

Name _____ Date _____
Address _____ City _____
Cell Phone # _____ Other Phone # _____
E-mail _____ Age _____

EMERGENCY CONTACT

Name _____ Relationship _____
Address _____ City _____
Phone # _____ Other Phone # _____

EDUCATION

School Currently Attending _____
Grade _____ Full Time _____ Part Time _____
School Activities or Clubs _____

Special Skills _____

EMPLOYMENT HISTORY

List any current/past jobs you have held:

1. Worked for: _____ Dates _____
Job Responsibilities _____
2. Worked for: _____ Dates _____
Job Responsibilities _____

VOLUNTEER HISTORY

List any current/past volunteer assignments you have held:

1. Volunteered for: _____ Dates _____
Job Description _____
2. Volunteered for: _____ Dates _____
Job Description _____

ABOUT YOU

What are your interests or hobbies? _____

Why do you want to volunteer at the Library? _____

YOUR AVAILABILITY

Hours available for volunteer work _____

Preferred days _____ Preferred hours _____

Do you have community service hours assigned by school or other organization? _____

Name of school/organization _____

If yes, how many hours? _____ By what date? _____

TASKS: Check with your local library for specific volunteer assignments.

I hereby certify that all statements made in this application are true.

Signature _____ Date _____
(Applicant)

PARENTAL PERMISSION FORM

I, _____, hereby acknowledge and give permission
(Print Name of Parent/Legal Guardian)

for my son/daughter, _____ to participate in the Teen Volunteer Program
(Print Name of Youth Volunteer)

at the _____ Library.
(Print Branch Name)

(Signature of Parent/Legal Guardian)

(Date)