

Today's date: \_\_\_\_ / \_\_\_\_ /20 \_\_\_\_.

## Young Adult Volunteer Application Form

Your first and last name: \_\_\_\_\_  
*(If you are usually called by a nickname, please put that down also!)*

Your address: \_\_\_\_\_  
*Apt. or house #                      Street                      Town or City                      State                      zip code*

Your phone number/s: \_\_\_\_\_ your email address: \_\_\_\_\_  
*(if you have one)*

Your age: \_\_\_\_\_ *(you must be 11 years old or going into 6th grade [if it's summertime] to be a volunteer)*

If there was an emergency while you were working at the library (like you got sick or something like that and someone had to come pick you up), who should we call?

Emergency contact person #1: \_\_\_\_\_ Their phone #: \_\_\_\_\_  
How is this person related to you? \_\_\_\_\_

Emergency contact person #2: \_\_\_\_\_ Their phone #: \_\_\_\_\_  
How is this person related to you? \_\_\_\_\_

What grade are you in? \_\_\_\_\_ What school do you attend? \_\_\_\_\_  
*(or going into, if you're filling this out for summertime)                      (or will be attending, if summertime)*

Have you ever worked at a library before? If so, which library, and what work did you do?

Do you know how to alphabetize? yes \_\_\_\_ no \_\_\_\_ not sure what that means \_\_\_\_.

Do you know how to use the Dewey Decimal system? yes \_\_\_\_ no \_\_\_\_ not sure what that means \_\_\_\_.

Volunteers usually work one hour a week, the same time each week, sometimes with another person working at the same time:

You could work: anytime \_\_\_\_\_ or, only on these days and times: \_\_\_\_\_  
*(if you're filling this out for after-school volunteering, don't worry, we won't schedule you to work during school!)*

Is there someone you'd prefer to work with, (if possible)? \_\_\_\_\_

### To be filled out by parent or guardian:

Please read and sign below to indicate agreement: Volunteers work one hour a week, unless other arrangements are made. They are expected to work the same day and time each week, to arrive on time, and to call (or have someone call) if they are late or cannot come. They will be encouraged to make up missed time, but it's not required. Please be advised that there may be times when your child might be working without supervision (if the Librarian or Assistant is out sick, at a meeting, working downstairs, on a school visit or etc.), and the Library will not be able to call you if the Librarian or Assistant is out.

Parent/Guardian's name: \_\_\_\_\_ Address: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of parent/guardian: \_\_\_\_\_

*To be filled out in by librarian:* Training date: \_\_\_\_\_ Completed training? \_\_\_\_ Volunteer hours: \_\_\_\_\_