



Library Services Teen Volunteer Application

Date: _____

Application must be completed fully by the applicant. ALL information is required and will be used solely within the Bruton Memorial Library. Please complete both pages of this application. Please *print clearly*.

Personal Information

Name _____

Street Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Email _____ Phone (____) _____ Cell (____) _____

Date of Birth ____/____/____ Driver's License Number _____ County _____

Emergency Contacts

1. Name: _____ Phone: (____) _____

2. Name: _____ Phone: (____) _____

Volunteer and Work Experience

Are you presently employed? Yes No

If so, may we contact you at work? Yes No Work Phone (____) _____

Have you previously volunteered or worked for a library system? Yes No

If so, where? _____ When? _____

Please list any special skills, training, education, or spoken languages (other than English): _____

Reason for Volunteering:

Scholarship/Graduation Requirement

Other: _____

How many hours needed? _____ By when? _____

Please list your availability to volunteer (days and time):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
_____ to _____						

Teen Volunteer Application Continued

All volunteer applicants will be required to provide one of the following forms of identification when applying:

- Valid Driver's License
- Student identification card

I understand that a background check will be completed as a part of the volunteer application process. _____
(Please initial)

The information provided on this volunteer application is current and accurate to the best of my knowledge.

Applicant Signature

Date

Parent/Guardian Consent

If under 18, this portion of the application MUST be completed.

As the parent or legal guardian of the teen volunteer applicant, I hereby give my consent for her/him to participate as a volunteer at the Bruton Memorial Library. I understand that s/he will be supervised by a library employee and that all safety regulation pertaining to the job will be followed.

Parent/Guardian Printed Name

Date

Parent/Guardian Signature

OFFICE USE ONLY

BC Completion ____/____/____ Sat. Unsat. Start Date: ____/____/____

Informed of dress code Type of ID presented _____