

MARY LIB SALEH EULESS PUBLIC LIBRARY

# YOUTH VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Number of your personal cell phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Your personal e-mail address: \_\_\_\_\_

Your parent's e-mail address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Please list previous volunteer experience (if applicable):

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Do you speak any languages other than English?

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### Parent Permission

I agree to allow my child to work as a volunteer for the Mary Lib Saleh Eules Public Library. I understand that my child will not get paid, but will earn volunteer hours and work experience.

Parent's Name (please print): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As a volunteer, I agree to be respectful to staff and library guests, show up on time for the shifts I've signed up for, and obey the rules of the library. I understand that my volunteer service may be terminated if I do not follow these guidelines.

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_