



**TEEN & HIGH SCHOOL VOLUNTEER SERVICE  
APPLICATION & PERMISSION SLIP  
AGES 14 AND OLDER**

**CONTACT INFORMATION** (Please print clearly)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Note: We require a 3-month minimum volunteer service commitment.**

**AVAILABILITY**

Please indicate when you are available to volunteer.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**Tell us about yourself!** Please answer in complete sentences.

Out of all the places you could apply to volunteer what motivated you to choose the library?

What do you like to do for fun? What's your favorite subject? Do you have any special hobbies, skills, or interests?

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_  Home  Work  Cell Phone: \_\_\_\_\_  Home  Work  Cell

## **Volunteer/Guardian Rights & Responsibilities**

### **As a volunteer, I will:**

- Accept the training, guidance and evaluation from library staff
- Maintain a respectful relationship with patrons, volunteers and staff
- Arrive punctually to all my volunteer commitments and call ahead if I will be late or absent
- Seek help and guidance from library staff when needed
- Sign-out when I depart
- Protect the confidentiality of library patron information
- Comply with all library policies and procedures
- Understand that I may be released from volunteer service if I do not adhere to this agreement

### **As a volunteer's parent or guardian, I will:**

- Grant permission for my child to volunteer at Cook Memorial Library (required for youth under the age of 18)
- Assist my child in keeping his or her volunteer commitments
- Help my child cultivate the skills he or she needs to complete volunteer service successfully
- Understand that my child may be released from service if she or he does not adhere to this agreement
- Authorize staff the power to authorize emergency medical treatment in the event I cannot be reached

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Teen Volunteer Signature

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Parent/Guardian Signature

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Date

**Thank you for your interest in volunteering with Cook Memorial Library!**