



## TEEN VOLUNTEER APPLICATION

**Please complete the application below to be considered for the Teen Volunteer Program. If selected, you will be contacted via email.**

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Please indicate below the hours you are available to volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday

-List any work and/or volunteer experience you have had:

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### VOLUNTEER AGREEMENT

Neither the Helen Hall Library nor the City of League City will be liable for injuries sustained by me (volunteer), or any other person as a result of my action, or the action of others.

Volunteer Name (printed): \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_

Parent Signature (if under 17): \_\_\_\_\_

Date: \_\_\_\_\_



**Why do you want to volunteer?** (i.e. service hours for school, honor society, etc.)

**What interests you?** (Please circle up to five topics)

- Books      Movies      Music CDs      Audiobooks      Technology      Shelving
- Dusting      Cleaning      Reading      Writing      Graphic Design      Programs
- Social Media      Recommending Books, Movies, etc.      Crafts      Writing Reviews
- Photography      Public Speaking      Art      Gaming      Helping Others      Tutoring

**Would you like to be contacted if there are any new openings for events?** (Please circle one)

Yes    or    No

**Additional Notes:**

**EMERGENCY INFORMATION**

In case of emergency please notify: \_\_\_\_\_

Relation to you: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone number: \_\_\_\_\_

**PARENT/GUARDIAN CONSENT**

I give my child, \_\_\_\_\_, permission to serve as a volunteer at the Helen Hall Library.

Parent/Guardian Name (printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

