

## LIBRARY VOLUNTEER APPLICATION FOR TEENS

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

GRADE: \_\_\_\_\_

AGE: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT PHONE: \_\_\_\_\_

SKILLS, SPECIAL INTERESTS: \_\_\_\_\_

\_\_\_\_\_

PREVIOUS EXPERIENCE: \_\_\_\_\_

CHARACTER REFERENCE: \_\_\_\_\_

REFERENCE'S PHONE: \_\_\_\_\_

### **PARENT/GUARDIAN PERMISSION FOR UNDER 18:**

I, THE UNDERSIGNED, HEREBY GIVE PERMISSION FOR \_\_\_\_\_ TO BE A  
(NAME OF APPLICANT)

VOLUNTEER AT THE SOUTHBOROUGH LIBRARY.

\_\_\_\_\_

NAME OF PARENT/GUARDIAN

\_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_

