



# Teen Volunteer Application

Grades 7th and up

**Parent permission required for those under 18**

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

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

Teen Email: \_\_\_\_\_ Teen Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Do you need a certain number of hours? How many? \_\_\_\_\_

Date hours need to be completed by: \_\_\_\_\_

Are you volunteering for a specific reason? \_\_\_\_\_  
(NHS, School, Scouts, Church?)

What types of volunteering are you interested in? Circle all that apply.

Book Reviews

Occasional Events

Quarterly Teen Volunteer Days

Why do you want to volunteer at the library?

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## Volunteer Agreement

If selected to be a teen volunteer, I promise to:

1. Be respectful to library staff and patrons
2. Show up to events that I say I'm going to unless as a result of illness or other emergency.
3. Dress in a way that represents the library appropriately
4. Only use my phone for emergencies

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

**Parent/Guardian Agreement:**

As the parent/guardian of the above named teenager, I give permission for them to volunteer at Georgetown Township Public Library. I won't hold GTPL, its employees, volunteers, or agents responsible for accidents, injuries, or illness that may occur to my child from participation in library volunteer programs.

**Signature of Parent or Guardian:** \_\_\_\_\_

**Relationship to Volunteer:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

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

**Secondary Emergency Contact Name and Phone Number:**

\_\_\_\_\_

**Allergies, medications or any other medical information needed in the event of an emergency:**

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