



Leesburg Public Library Teen Volunteer Application Form

Today's Date: ___/___/___

Semester: _____ (ex. Fall 2006)

Name: _____
Last First

Address: _____ City: _____ Zip: _____

Phone: (____) _____ - _____ Date of Birth: ___/___/___ Age: _____

School: _____ Grade: _____

Why are you interested in volunteering at the Leesburg Public Library? _____

Do you need to fulfill a certain number of service hours: yes / no If so, how many: _____

Volunteering is like having a job. We count on you to be here at a certain time. Volunteers are asked to work 2 hours a week. What times can you work as a volunteer?

Day and Time: _____

Do you have reliable transportation to and from the library at your scheduled time? _____

Hobbies, Interests & Skills: _____

In Case of Emergency, Contact: Name: _____

Home Phone: (____)____ - _____ Work: (____)____ - _____ Cell: (____)____ - _____

Name of Parent or Guardian: _____

Address: _____ City: _____ Zip: _____

Phone: (____)____ - _____

Signature of Parent or Guardian consenting to applicant's working as a volunteer:

I agree to have my child volunteer: _____ Date: ___/___/___

I hereby apply for work as a volunteer in the Leesburg Public Library. I understand that if I am accepted, I will be expected to show up and work when I am scheduled. I will notify a librarian in the Young Adult Area if I can't work as scheduled.

Applicant's Signature: _____ Date: _____