

**Watauga Public Library
Teen Volunteer Application Form**

Name: _____ Birth Date: _____ Age: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

School: _____ Grade: _____

Have you ever volunteered in a library? Yes: _____ No: _____

Where: _____ When: _____

Describe Your Duties: _____

What specific skills or interest do you have which could be helpful to the library? _____

Do you prefer to work with people or with books? _____

Why do you want to volunteer at the library? _____

Please plan to work at least four hours a week. Indicate the best days and times you are able to volunteer.

Monday: _____ (12:00-8:00) Thursday: _____ (12:00-8:00)

Tuesday: _____ (10:00-6:00) Friday: _____ (10:00-6:00)

Wednesday: _____ (10:00-6:00)

Your Signature: _____ Date: _____

I hereby give permission for the teen stated above to volunteer at the Watauga Public Library.

Parent's Signature: _____ Date: _____