



# Teen Volunteer Application

**\*\* You must be 12 -18 years old to be a Teen Volunteer. \*\***

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

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

Special hobbies or interests \_\_\_\_\_

Why do you want to volunteer? \_\_\_\_\_

Are you required to complete a certain number of volunteer hours? \_\_\_\_\_

If yes, how many? \_\_\_\_\_ By what date are these required to be completed? \_\_\_\_\_

IN CASE OF AN EMERGENCY, PLEASE CONTACT:

Name of parent/guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Business phone ( ) \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

I hereby apply for work as a volunteer at the Westerville Public Library. I understand that if I am accepted, I will be expected to work when I am scheduled. I will notify a librarian in Youth Services if I am unable to work as scheduled.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian signature consenting to applicant working as a volunteer \_\_\_\_\_ Date \_\_\_\_\_

Please return application to: Westerville Public Library, Youth Services Department, 126 South State Street, Westerville, Ohio 43081. Questions? Call 882-7277 ext. 5 or [teens@westervillelibrary.org](mailto:teens@westervillelibrary.org)

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**During the school year, Teen Volunteer Trainings are third Mondays of each month 4-4:45pm.  
Register online, call 882-7277 ext. 5 or email [teens@westervillelibrary.org](mailto:teens@westervillelibrary.org).**