

YOUTH VOLUNTEER

AGES 12 - 18

Application

Personal Information

Name:

Phone:

Address:

City:

Postal Code:

E-mail:

Date of Birth:

School and Grade in Fall 20__:

Other Information

Why do you want to volunteer at the library?

On which days of the week are you available to volunteer?

What are some of your hobbies, skills, and interests?

Legal Stuff

Name of Parent or Guardian:

Contact Phone Number (Day):

I, the parent or guardian of the above applicant, give the above applicant permission to volunteer at the Terrace Public Library.

Signature: _____

Date: _____

I, the parent or guardian of the above applicant, give the Terrace Public Library permission to photograph the above applicant for use in the library and as part of library promotion.

Signature: _____

Date: _____

Library Use Only

Supervisor:

Number of Hours Completed:



Terrace Public Library
250-638-8177