



**Application for Teen Volunteer Services
Alexandria Library**

Name: _____ Name Preferred: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Birthdate (MM/DD; include year if under age 18): _____

Emergency Contact Name: _____ Relationship: _____ Phone: _____

EDUCATION	
School Name	
Year In School	
Expected Graduation Date	

List any past volunteer experience:

Why do you want to volunteer at the Alexandria Library?

What are some of your hobbies and favorite subjects at school?

Describe your experience working with children and other teens:

Describe any other abilities, experience, special skills, languages and other qualifications:

Availability

Please list your availability for the months of June, July and August. Be specific. What days and times are you available? Are there any big chunks of time where you won't be available?

Do you have a family member who works for the Library Yes No

If Yes, please provide their name: _____

Are your volunteer hours required for a class or school? Yes No

If Yes, Total Hours Needed: _____ Deadline for Completion: _____

Are your volunteer hours a requirement to fulfill a court-ordered community service requirement?

Yes (MUST complete information below) No

If Yes, please state the nature of your offense: _____

Total Hours Needed: _____ Deadline for Completion: _____

Personal Reference (not a relative & must be over 18)

Name: _____

Phone Number: _____

E-mail Address: _____

How you are acquainted with this individual: _____

AGREEMENT

I certify that the information provided on this application is true and complete to the best of my knowledge, and agree that falsified information or significant omissions may disqualify me from further consideration for volunteering and, if I am accepted to be a volunteer, will result in my dismissal when discovered. I understand that, if accepted as a volunteer, I will be required to abide by all of the policies, rules and regulations of the Library and volunteer program. I authorize the library to investigate all statements contained in this application and to make inquiries of my personal reference and volunteer history, as well as other related matters as may be necessary for arriving at a decision of acceptance into the volunteer program. I hereby release employers, schools or individuals from all liability in responding to inquiries relative to my volunteer application.

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(Parent/Guardian signature required for applicants under age 18.)