



Teen Volunteer Application

Thank you for your interest in volunteering!

Volunteers need to have completed fifth grade.

Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Age _____ Grade _____ School _____

School Community Service? Yes No Hours needed _____

Person to contact in case of emergency

Name _____ Phone _____

Days & Hours Available (volunteer hours generally need to be done before 5pm)

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Why would you like to volunteer at the library?

What skills do you have that would help you in your work as a teen volunteer?

Please have your parent/guardian complete the reverse side of this form, and then return it to the library.

Parent/Guardian Permission Required for Volunteers under 18

I give my permission to complete the placement of my child _____ in a volunteer position with the Asotin County Library.

I _____, do hereby indemnify and hold harmless the Asotin County Library, its employees, volunteers, or agents from any liability for accidents, injuries or illness that may occur to my child from his or her participation in the Library Volunteer Program.

The Asotin County Library also has permission to use my child's photograph or videotaped image in publicity about the Library and its activities. Yes No

Parent/guardian name (printed) _____

Parent/Guardian signature _____

Date _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____

Email _____