



(410) 749-3612 ext. 140
www.wicomicolibrary.org

Teen Volunteer Application

Print Please!

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ E-mail: _____

Cell: _____ Home: _____

Emergency Contact Information

Name: _____

Relationship: _____ Phone: _____

Please circle **ONE** location that is convenient for you to volunteer at:

Downtown

Centre

Pittsville

What types of volunteer work are you interested in? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Children's Program(s) | <input type="checkbox"/> Crafts |
| <input type="checkbox"/> Teen Program(s) | <input type="checkbox"/> Game Room |
| <input type="checkbox"/> General Volunteering | <input type="checkbox"/> Assist with program setup/breakdown |
| <input type="checkbox"/> Special Events | |

I would like to volunteer at the library because:

Education

Highest Grade Completed: _____

School Name: _____

Describe any special interests, hobbies, or skills you may have:

Do you speak a language other than English?

Yes No If yes, which language(s): _____

Do you have any medical conditions that should be considered when assigning you specific volunteer work?

Yes No If yes, please explain: _____

Volunteer Experience

Organization	Task/Responsibilities

Please read before signing!

By signing below, I certify that all the information contained in this application is true to the best of my knowledge. I also understand that knowingly falsifying information on this application is grounds for dismissal as a Wicomico Public Libraries Volunteer.

I further agree that, should I accept a placement as a volunteer of Wicomico Public Libraries, I will **NOT** hold the agency liable in the event of personal loss or injury.

If accepted as a volunteer, applicant agrees to be committed and dependable. Volunteers are expected to be punctual and to notify, in advance, if unable to report for their shift. Also, volunteers **MUST** notify their coordinator if they intend to take an extended leave or to end their term of service with the library.

Upon your placement, you will receive a volunteer handbook and a calendar of volunteer opportunities.

Applicant's Signature

Date

Parent/Guardian's Signature

Date

Library Staff

Date

Please return completed application to a library staff member.

Contact the Volunteer Coordinator with any questions at 410-749-3612 X. 140 or volunteer@wicomico.org