



(410) 749-3612 ext. 125  
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# 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: \_\_\_\_\_

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

- |  |  |
|--|--|
| <input type="checkbox"/> Children's Program(s) | <input type="checkbox"/> Game Room   |
| <input type="checkbox"/> Teen Program(s)       | <input type="checkbox"/> Assist with program setup/breakdown               |
| <input type="checkbox"/> General Volunteering  | <input type="checkbox"/> Assist with computer Summer Reading Sign Up/Input |
| <input type="checkbox"/> Special Events        | <input type="checkbox"/> Teen Advisory Council Membership                  |
| <input type="checkbox"/> Crafts                |  |

**Why did you choose the library for volunteering?**

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**Briefly describe your goals during your time volunteering:**

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## Education

Highest Grade Completed as of June 2021: \_\_\_\_\_

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