

TEEN VOLUNTEER APPLICATION  
Ochoopee Regional Library System



Name\_\_\_\_\_

Age\_\_\_\_\_ Birthday\_\_\_\_\_

School and Grade for Upcoming School Year\_\_\_\_\_

Address\_\_\_\_\_

Telephone\_\_\_\_\_ Email\_\_\_\_\_

Emergency Contact Name\_\_\_\_\_

Relationship\_\_\_\_\_ Telephone\_\_\_\_\_

Health Concerns/Allergies\_\_\_\_\_

Please list dates you will not be available to volunteer:

\_\_\_\_\_  
\_\_\_\_\_

**RECOMMENDATION: Please have an adult, who is not a family member, complete the following recommendation for teen volunteers:**

**Name:**\_\_\_\_\_

**Address**\_\_\_\_\_

**Telephone**\_\_\_\_\_ **Email**\_\_\_\_\_

**How do you know the applicant?**

**PERSONAL NARRATIVE: I would like to volunteer at the library because...**

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**Scheduling:** When are you available to work? We know this will vary but we want to make sure we have work to do lined up and not too many volunteers at one time.

Monday	9am -12pm____ 12pm – 3pm____ 3pm – 6pm____	Thursday	9am – 12pm____ 12pm – 3pm____ 3pm – 6pm____
Tuesday	9am – 12pm____ 12pm – 3pm____ 3pm – 6pm____	Friday	9am – 12pm____ 12pm – 2:45pm____
Wednesday	9am – 12pm____ 12pm – 2:45pm____	Saturday	11am – 2pm____

I understand and agree to abide by the ORLS Code of Conduct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ 20\_\_\_\_

**Volunteers under the age of 18 must have a parent/guardian signature.**

Parent/Legal Guardian Signature – I am aware of, and support, the commitment my child is making by volunteering at the library. I understand, and have been given a copy of the VolunTeen Guidelines. I give my permission for him/her to participate in the program.

Signature of  
Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ 20\_\_\_\_