



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

# Teen Volunteer Application

***Please Print Clearly!***

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:**

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## **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](mailto:volunteer@wicomico.org)