

NEW LENOX PUBLIC LIBRARY DISTRICT
TEEN VOLUNTEER APPLICATION

(APPLICANTS MUST BE GOING INTO 7TH THRU 12TH GRADE)

(NO COURT ORDERED APPLICATIONS ACCEPTED)

Date _____

Name _____

Age _____ Grade _____ School _____

Address _____

Home Phone _____ Cell Phone _____

E-mail _____

Best way to contact (circle one) Home Phone Cell Phone E-mail

Availability: (circle all that apply) Mon. Tues. Wed. Thurs. Fri. Sat.

Times Available _____

Reason I would like to volunteer (circle all that apply)

School Requirement Church Scouts National Honor Society

I just want to help Other _____

Number of hours needed _____ Date hours must be completed _____

Please circle any skills you have that could be helpful to us:

Computer Art Music Theater Crafts (specify below)

Detail-Oriented Writing Sports Video Games Photography

Please list any additional skills or interests you have that could be helpful:

Disclaimer:

The New Lenox Public Library District recognizes and appreciates the hard work and unique talents the volunteers of the community offer the library throughout the year. All work performed by volunteers is done without compensation and at the risk of the volunteer. The library does not carry insurance which protects the volunteer in the case of accidental injury.

Signature _____

Parent's Signature (if under 18) _____

THANK YOU FOR YOUR INTEREST IN THE NEW LENOX PUBLIC LIBRARY.
A STAFF MEMBER WILL CONTACT YOU ABOUT YOUR APPLICATION WITHIN A WEEK.

FOR STAFF USE ONLY

Staff _____ Call Date _____ Start Date _____

Notes _____