

# Webster Groves Public Library Teen Volunteer Application

This application is for youth ages [13-18] who would like to volunteer at the Webster Groves Public Library.

**A parent or guardian's signature is required.**

Your Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (cell) Date of birth \_\_\_\_\_

Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

## Emergency Contacts:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

List available times and days: \_\_\_\_\_

\_\_\_\_\_

Are your volunteer hours for a school or organization project? \_\_\_\_\_

\_\_\_\_\_

Do you have any previous experience as a volunteer?

\_\_\_\_\_

**Webster Groves Public Library**  
**Teen Volunteer Application**  
**Parental Consent**

**Parent/Guardian**

I, \_\_\_\_\_, as a parent/guardian of \_\_\_\_\_,  
Give my child permission to volunteer at the Webster Groves Public Library

\_\_\_\_\_  
Parent/Guardian printed name

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date