



**Young Adult Volunteer Application**

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

**Street Address:** \_\_\_\_\_

**Town and Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Date I wish to start:** \_\_\_\_\_

**Emergency Contact Information**

**In Case of Emergency, whom should we call?** \_\_\_\_\_

**Relationship to volunteer:** \_\_\_\_\_

**Home:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Any other information we should know about you? Allergies, etc...**

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

## Tell me about yourself

Why do you want to volunteer at the Billerica Public Library?

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Do you have any special skills like drawing, working with computers, etc...

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Have you ever worked with kids before? If yes, what did you do?

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Have you ever volunteered before? If yes, where?

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## What to expect as a volunteer

We are looking for teens to help shelf books, dvds, cds and library material in the Children's section, straighten up shelves, collate crafts for story-time, fold pamphlets, help with our Bottle and Can Drive (high school age only), work with children in creating holiday crafts and programs and other duties as assigned by the librarians.

I have read these duties and, if my application is accepted, I agree to help the library in whatever needs to be done. I understand that if I cannot make an assigned volunteer day or time I will contact the library at (978) 671-0949 ext. 5. I also understand that if for any reason things do not work out, the librarian reserves the right to end this service.

Signed: \_\_\_\_\_

## Parent's Permission

I understand that my child is interested in volunteering at the Billerica Public Library. He/She has my permission to participate in the above events.

Signed: \_\_\_\_\_