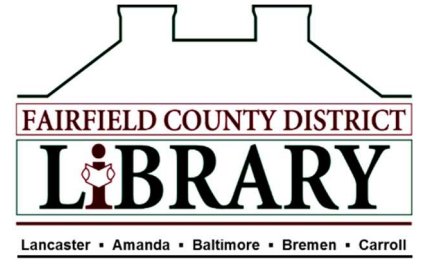


Fairfield County District Library

Teen Volunteer Application



You must be in grade 8-12 to apply to be a teen volunteer. Parental permission is required.

Note: We are not able to accept court-ordered hours because we cannot meet the supervision requirements.

Your Contact Information

First name _____

Last name _____

Street _____

City _____

State _____ Zip _____

Phone _____

Email _____

About you

Date of birth _____

Library card # _____

School _____

Hobbies / Interests:

Why do you want to volunteer?

Your Emergency Contact Information

In case of an emergency, please provide information for your parent or guardian.

First name: _____

Last name: _____

Street 1: _____

Street 2: _____

City: _____

State: _____ Zip _____

Phone: _____

Cell or Work phone: _____

Parent's signature: _____

(required)

I agree

I hereby apply to serve as a volunteer at the Fairfield County District Library. I understand that if accepted, I will sign up for the programs I wish help with and I will notify library staff in Youth Services if I am unable to report for my assignment.

Signature: _____

Date: _____

Please return to the Youth Services Desk. Volunteers must attend Teen Volunteer Training before volunteering.