

**Wood Dale Public Library District Volunteer Application**  
*Fall 2016*

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

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

City: \_\_\_\_\_ Age: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

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

Best way to contact you:  Home phone  Cell phone  Email

Grade in 2016: \_\_\_\_\_ School in 2016: \_\_\_\_\_

Have you previously volunteered at the Wood Dale Public Library?  Yes  No

Names of parents or guardians: \_\_\_\_\_

Names and telephone number(s) of person(s) to contact in case of an emergency:  
\_\_\_\_\_

**Teen Volunteer Agreement**

I agree to volunteer at the Wood Dale Public Library District and to assist the library with projects during the Fall 2016. I also agree to abide by the rules of the library. If I do not follow the instructions of supervisor, I agree to forfeit any hours accumulated. If I am not able to volunteer on a day that I am scheduled, I will notify the Youth Services Department.

\_\_\_\_\_  
Teen Volunteer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teen's name (print) has my permission to volunteer at the Wood Dale Public Library District.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date