

Wood Dale Public Library District Volunteer Application

School Year 2018-2019

Return in person to the library, by email (teen_volunteer@wooddalelibrary.org) or fax at 630-766-5715

Name: _____

Address: _____

City: _____ Age: _____

Home phone number: _____ Cell phone number: _____

Email address: _____

Best way to contact you: Home phone Cell phone Email

Grade in 2018: _____ School in 2018: _____

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 2018-2019 school year. 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)

Library District.

Parent or Guardian Signature

Date