Wood Dale Public Library District Summer Reading Volunteer Application

Summer 202 Return in person to the library, by email (23 June 12th – August 11 th teen volunteer@wooddalelibrary.or	g) or fax at 630-766-5715
Name:		
Address:		
City:	Age:	
Home phone number:	Cell phone number:	
Email address:		
Best way to contact you: \Box Home phone	□ Cell phone	Email
Grade in 2023-2024: School in 2023-2024:		
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	o 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 Summer Session (June 12–August 11). I also agree to abide by the rules of the library and follow the instructions of my supervisor. If I do not follow the instructions of the supervisor, I agree to forfeit any hours accumulated. If I am not able to volunteer on a scheduled day, I will notify Meg or the Youth Services Department.

Teen Volunteer's Signature

has my permission to volunteer at the

Teen's name (print)

Wood Dale Public Library District.