

Wood Dale Public Library District Volunteer Application

School Year 2024-2025

Return in person to the library or by email (teen_volunteer@wooddalelibrary.org)

Name: _____

Address: _____

City: _____ Age: _____

Cell phone number: _____ Other phone number: _____

Email address: _____

Best way to contact you: Cell phone Other phone Email

Grade in Aug. 2024: _____ School in Aug. 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 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 2024-2025 school year. I 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

Date

Teen's name (print)

Library District.

Parent or Guardian Signature

Date