

**Wood Dale Public Library District Summer Reading Volunteer Application**

*Summer 2025 June 9th – August 8th*

Return in person to the library or by email ([teen\\_volunteer@wooddalelibrary.org](mailto:teen_volunteer@wooddalelibrary.org))

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

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

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

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

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

Best way to contact you: ☐ Home phone ☐ Cell phone ☐ Email

Grade in 2025-2026: \_\_\_\_\_ School in 2025-2026: \_\_\_\_\_

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 Summer Session (June 9–August 8). 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teen's name (print) has my permission to volunteer at the

Wood Dale Public Library District.

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

\_\_\_\_\_  
Date