

MARY LIB SALEH EULESS PUBLIC LIBRARY

TEEN VOLUNTEER APPLICATION

2017

Please clearly write all information. Eligibility expires one year after application date.

Name: _____ Age: _____ Grade: _____

Date of Birth: _____ Cell Phone: _____

E-mail: _____

Parent's e-mail: _____

Address: _____

City/Zip: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Parent Permission

I agree to allow my child to work as a volunteer for the Mary Lib Saleh Euless Public Library. I understand that my child will not get paid, but will earn volunteer hours. As a volunteer, my child may work one program per day, and no more than two programs per week.

Parent's Name (please print): _____

Parent's Signature: _____ **Date:** _____

Volunteer Agreement

As a volunteer, I agree to the following terms: I will be respectful and courteous to the library staff and library patrons. I will promptly arrive for my volunteer shift(s). I understand that I may only work one volunteer shift per day and a maximum of two volunteer shifts per week. I also understand that if I need to cancel a shift that I signed up for, I must go online and cancel my shift as soon as possible. I understand that volunteers are only allowed three advanced online cancellations and if more than three advanced online cancellations are accrued, that I will be excluded from participating in the volunteer program until the following school year. I acknowledge that if I do not show up for two volunteer shifts without cancelling in advance, that my volunteer status will be revoked and I will be excluded from volunteering at the library.

Volunteer's Signature: _____ **Date:** _____