Teen Volunteer Application

Make sure your branch is accepting volunteers then complete the Volunteer Application and the Volunteer Services Agreement and return them to your branch. Questions marked with an asterisk* are required.

What is your name?* ____________________________________________

What are your preferred pronouns?
  She, her, hers  He, him, his
  They, them, theirs  Other ____________________

What is your address?* ____________________________________________

What is your phone number?* _______________________________________

What is your email address? _________________________________________

What is the best way to contact you?* __________________________________

Are you between the ages of 12-18?*
  Yes
  No, unfortunately I am not (if this is the case, we are eager to work with you in other ways but we cannot accept you as a teen volunteer unless you are between 12-18)

As a volunteer, I am interested in the following things (choose as many as apply):*
  Shelving Materials  Summer of Adventure Program
  Arts & Crafts  Plaza (services to immigrants & refugees)
  Gaming/Technology  Teen Advisory Board (TAB)
  Anything & Everything!

Do you want to volunteer during:*
  The summer  The school year  Both
At which branch location do you prefer to volunteer?

- Athmar Park
- Blair-Caldwell
- Decker
- Green Valley Ranch
- Montbello
- Rodolfo “Corky” Gonzales
- Smiley
- Virginia Village
- Ross-Barnum
- Byers
- Eugene Field
- Hadley
- Park Hill
- Sam Gary
- Ross-University Hills
- Westwood
- Bear Valley
- Ross-Cherry Creek
- Ford-Warren
- Hampden
- Pauline Robinson
- Schlessman Family
- Valdez-Perry
- Woodbury

How did you hear about the library’s teen volunteer program?

_____________________________________________________________________________

Tell us why you are interested in volunteering with the Denver Public Library?

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Do you need hours for school?

Yes  No

How many hours per week would you like to volunteer?______

Emergency Contact

Name ________________________________  Relationship ________________

Phone number _________________________

Parent/guardian signature: required if you are under 18

_____________________________________________________________________________
______________________________  _____________________
Signature        Date

Your Signature:

_____________________________________________________________________________
______________________________  _____________________
Signature        Date