

*Denver Public Library*  
**TEEN VOLUNTEER**  
*Application*



Are you 12-18 years old? Want to volunteer at the library? Complete this form!

first & last name: \_\_\_\_\_

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

phone number: \_\_\_\_\_ email: \_\_\_\_\_

birth date: \_\_\_/\_\_\_/\_\_\_ age: \_\_\_ gender: \_\_\_\_\_

**What would you like to do?** Circle...

shelve materials

help with kids' programs

arts & crafts

Summer of Reading Program

gaming

anything & everything!

**What days are you available? Check the box(es):**

mon.  tue.  wed.  thu.  fri.  sat.  sun.

**What time of the day are you available? Check the box(es):**

mornings  afternoons  evenings

How many hours *each week* do you want to volunteer? \_\_\_\_\_ hours

Do you want to volunteer during the summer or school year? \_\_\_\_\_

Where would you prefer to volunteer? Branch name: \_\_\_\_\_

**IMPORTANT: Emergency contact information**

NAME of emergency contact: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Phone number: \_\_\_\_\_ Alternate phone number: \_\_\_\_\_

*there's more..turn over!*

## Tell us about yourself!

- Have you volunteered/worked anywhere before?  yes  no

If yes, where? \_\_\_\_\_

Describe your favorite part of that experience:

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- How did you hear about the Denver Public Library teen volunteer program?

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- Tell us why you are interested in volunteering with the Denver Public Library. For example, do you need volunteer hours for school?

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- Do you have a relative or friend that works for or volunteers at the Denver Public Library?  yes  no

If yes, name. \_\_\_\_\_

- What languages, besides English, do you speak? \_\_\_\_\_



**Parent/guardian signature:** required if you are under 18

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Parent/guardian signature

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Date

**Your signature:**

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Your signature

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Date