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:
  ___________________________________________
  ___________________________________________
  ___________________________________________
  ___________________________________________

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

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

- 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

  ___________________________________________  ________________________
  Parent/guardian signature  Date

  Your signature:

  ___________________________________________  ________________________
  Your signature  Date