

Orland Park Public Library Teen Volunteer Application

Name _____

Address _____

City _____ Zip Code _____

Home Phone _____ Alternate Phone _____

Age _____ School _____ Grade _____

Reason for Volunteering _____

Signature _____ Date _____

Availability

Sunday _____ Thursday _____

Monday _____ Friday _____

Tuesday _____ Saturday _____

Wednesday _____

Emergency Contact Information

Parent/Guardian Name _____

Address _____

City _____ Zip Code _____

Home Phone _____ Alternate Phone _____

Signature of Parent/Guardian _____

(For volunteers age 15 and under)

All applications go to Mary Weimar

Library Use Only Hours Scheduled

Date _____

Time _____

Department _____

Supervisor _____

Date _____

Time _____

Department _____

Supervisor _____

Date _____

Time _____

Department _____

Supervisor _____

Date _____

Time _____

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Supervisor _____

Return this to Mary Weimar when volunteer is done working for the library and/or when this sheet is completed. Keep a copy for your department's files.