

## Orland Park Public Library Teen Volunteer Application Grades 6-12

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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)

***Please note: The OPPL does NOT offer court-ordered community service hours.***

**All applications go to the Assistant Library Director**

### Library Use Only Hours Scheduled

**Date** \_\_\_\_\_

**Date:** \_\_\_\_\_

Time \_\_\_\_\_

Time \_\_\_\_\_

Department \_\_\_\_\_

Department \_\_\_\_\_

Supervisor \_\_\_\_\_

Supervisor \_\_\_\_\_

**Date** \_\_\_\_\_

**Date** \_\_\_\_\_

Time \_\_\_\_\_

Time \_\_\_\_\_

Department \_\_\_\_\_

Department \_\_\_\_\_

Supervisor \_\_\_\_\_

Supervisor \_\_\_\_\_

**Date** \_\_\_\_\_

**Date** \_\_\_\_\_

Time \_\_\_\_\_

Time \_\_\_\_\_

Department \_\_\_\_\_

Department \_\_\_\_\_

Supervisor \_\_\_\_\_

Supervisor \_\_\_\_\_

**Date** \_\_\_\_\_

**Date** \_\_\_\_\_

Time \_\_\_\_\_

Time \_\_\_\_\_

Department \_\_\_\_\_

Department \_\_\_\_\_

Supervisor \_\_\_\_\_

Supervisor \_\_\_\_\_

**Date** \_\_\_\_\_

**Date** \_\_\_\_\_

Time \_\_\_\_\_

Time \_\_\_\_\_

Department \_\_\_\_\_

Department \_\_\_\_\_

Supervisor \_\_\_\_\_

Supervisor \_\_\_\_\_

**Return this to the Assistant Library Director when volunteer is done working for the library and/or when this sheet is completed.**