

Teen Volunteer Application (FOR GRADES 7-12 ONLY)

Thank you for your interest in volunteering at the Prospect Public Library. Volunteers are scheduled for a one-hour weekly shift. Please return this completed form to the library or send it by email to Andrea O'Shea at assistant.director@prospectlibrary.com.

Full Name: _____

School & Grade: _____

Phone Number of Parent/Guardian: _____

Email Address of Parent/Guardian: _____

Why are you interested in volunteering? Please also list any skills or interests that may apply to your volunteer service at the library.

How many volunteer hours are you looking to complete? Do you have a deadline?

Other volunteer experience:

TO BE COMPLETED BY POTENTIAL TEEN VOLUNTEER:

I, _____, have read the teen volunteer guidelines and understand the potential responsibilities that many come with volunteering at Saratoga Springs Public Library. I understand that volunteering is a time commitment and should be taken seriously.

Signature: _____ Date: _____

TO BE COMPLETED BY PARENT/GUARDIAN:

I give my permission for _____ to apply for volunteer work at the Saratoga Springs Public Library. It is understood that submission of this application does not guarantee volunteer placement.

Signature: _____ Date: _____

Relationship to potential volunteer: _____

If school is cancelled or the library is closed due to weather, volunteering will also be cancelled.