



TEEN VOLUNTEER CORPS APPLICATION

Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Home Phone/Cell Phone _____

Email _____

Current Grade _____ Year of HS Graduation _____

School _____

Are you completing hours as part of a school/church requirement? If so, how many? _____

At which branch would you like to volunteer?

Black Road Branch ___ Ottawa Street Branch ___ Both ___

Person to contact in the event of any emergency:

Name _____

Relationship _____

Phone _____

Please read and sign below.

1. I understand that I will not be paid for my services as a volunteer, and I am giving my time freely to the library.
2. I understand that the Joliet Public Library reserves the right to screen volunteers, to accept or reject any applications, and to place applicants in specific locations and positions based on the skills of the volunteer and the needs of the library. My volunteer service may end at any time for any reason.
3. I understand that volunteer hours are based on availability and joining the Teen Volunteer Corps does not entitle me to fulfill all of my volunteer requirements at the Joliet Public Library.
4. I understand that it is my responsibility to arrive promptly, sign in the volunteer log when I work, and contact the youth services department as early as possible if I cannot work my assigned shift.

Signature: _____ Date: _____