

Volunteer Application

Ages 11-17

Please fill out this form completely and return it to the Youth Services Desk. If any of the information below changes, please turn in a new application. **You must be a Warrenville resident to volunteer.**

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Preferred Contact Method (Circle One): Phone Email

Applicant's Birthdate: _____

Applicant's Signature _____

Date: _____

Parent and/or Legal Guardian: Please fill out the bottom half completely:

Parent(s) Name(s): _____

Please list at least one parent, guardian and/or an emergency contact's name, phone number and relationship to teen if we need to contact someone in case of illness or injury to your child.

Name: _____ Phone : _____ Relationship: _____

Name: _____ Phone : _____ Relationship: _____

Name: _____ Phone : _____ Relationship: _____

My son/daughter has my permission to participate as a Teen Volunteer at the Warrenville Public Library District.

Parent/Legal Guardian's Signature: _____

