



# Summer Reading Program Youth Corps Special Event Teen Volunteer Application

*Grades 7-12*

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Info: Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Why do you want to volunteer at the library? \_\_\_\_\_

\_\_\_\_\_

Please provide two references, to whom you are not related, who can talk about your skills.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

*Always be sure to check with references prior to providing their contact information!*

Emergency contact: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

### **Please Read Carefully Before Signing**

*Photographs and videos are often taken at library programs and events for use in North Olympic Library System promotional materials and on the library website. I acknowledge that I have been informed that Teen Volunteers may be featured in photographs/videos taken at Summer Reading Program events, and I understand that those images may be printed or digitally displayed by the library for promotional purposes.*

\_\_\_\_\_  
**Applicant's signature** Date: \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian signature: (Required for applicants under 18)** Date: \_\_\_\_\_

*By signing parent/guardian gives permission for child to volunteer at the library.*

\_\_\_\_\_  
**Parent/Guardian name (please print)**

Thank you for your interest in volunteering at NOLS!  
Library staff will contact you after reviewing your application.

***Applications are due by Monday, June 18***