



# Kids Create Art in the Library Teen Volunteer Application

Please take a moment to fill out both sides of this application. Applications may be turned in to the Youth Services desk at the Port Angeles Main Branch or mailed, Attn: Youth Services, 2210 S. Peabody Street, Port Angeles, WA 98362.

Name \_\_\_\_\_ Age \_\_\_\_\_

Mailing address \_\_\_\_\_

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

Phone (home) \_\_\_\_\_ Phone (cell) \_\_\_\_\_

E-mail \_\_\_\_\_

School (or homeschool) \_\_\_\_\_ Grade \_\_\_\_\_

List your favorite activities (hobbies, school teams/clubs or other interests) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please mark the dates you are available to volunteer for the Kids Create Art in the Library program. Duties will include assisting with program set-up, presentation, and clean-up. These art programs are designed for and offered to children ages 7-12.

- Saturday, November 17, 1:30-4:30pm
- Saturday, December 15, 1:30-4:30pm
- Saturday, January 19, 1:30-4:30pm
- Saturday, February 16, 1:30-4:30pm
- Saturday, March 16, 1:30-4:30pm
- Saturday, April 20, 1:30-4:30pm
- Saturday, May 18, 1:30-4:30pm
- Saturday, June 15, 1:30-4:30pm

Emergency contact person: \_\_\_\_\_

Relationship to you \_\_\_\_\_

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

If you are volunteering to earn community service credit, name the school or program:

\_\_\_\_\_

Contact person at school/program \_\_\_\_\_

Have you ever been involved in the juvenile justice system? \_\_\_\_yes \_\_\_\_no

If yes, Contact Person: \_\_\_\_\_ phone \_\_\_\_\_

### Reference Information

Applicants need to provide two references, who are not relatives, who can talk about applicant's skills.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Relation to applicant: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Relation to applicant: \_\_\_\_\_

### 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 the library events, and that I understand that those images may be printed or digitally displayed by the library for library promotional purposes.*

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

\_\_\_\_\_ Date: \_\_\_\_\_  
**Parent/Guardian signature: (Required for those under 18)**  
**By signing Parent/Guardian gives permission for child to volunteer at the library.**

\_\_\_\_\_  
**(Print Parent/Guardian name)**

Thank you for your interest in volunteering at the Library!  
Volunteers are highly valued members of the NOLS team.