



The virtual teen volunteer program is for students 12-18. Please fill out the application and waiver completely. Have your parent or guardian sign the waiver, then submit both completed forms to abcornick@dmpl.org. To submit your form in person, please contact Alissa Cornick at (515) 283-4152 ext. 3 or visit the Central Library Youth desk during browsing hours. A volunteer leader will contact you.

VOLUNTEER INFORMATION:

Name: _____		Birthdate: _____	
Address: _____			
City _____	State _____	ZIP _____	
Email: _____			
Primary phone: _____		Other phone: _____	
Parent/Guardian Name: _____			
Parent/Guardian Phone: _____			

LOCATION: Virtual

AVAILABILITY: Morning Afternoon Evening

Monday Tuesday Wednesday Thursday Friday Saturday

Availability Notes:

Food Allergies:

EMERGENCY INFORMATION:

In case of emergency, notify: _____ **Phone:** _____

Doctor's name: _____ **Phone:** _____

LIBRARY USE ONLY: SOR: _____ **IDC:** _____ **Horizon:** _____