



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](mailto: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:**

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

**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:** \_\_\_\_\_