



DES MOINES  
PUBLIC LIBRARY  
Teen Volunteer Application

FALL | WINTER | SPRING

The teen volunteer program is for students 12-18. Please use a pen and print clearly. Fill out the application and waiver completely and have your parent or guardian sign the waiver, then submit the completed forms at your local library. The volunteer leader from your branch library will contact you.

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

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

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

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

**Preferred Phone:** \_\_\_\_\_ **Other Phone:** \_\_\_\_\_

**Parent/Guardian name:** \_\_\_\_\_

**Contact Phone number:** \_\_\_\_\_

<b>Available:</b>		Mornings	Afternoons	Evenings	
Mon.	Tues.	Wed.	Thur.	Fri.	Sat.

**Location:** Central East Forest Franklin North South

**Availability Notes:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Food Allergies:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Emergency Information:**

**In case of emergency, notify:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Doctor's name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Library use only:** SOR: \_\_\_\_\_ IDC: \_\_\_\_\_ Horizon: \_\_\_\_\_