



# VOLUNTEEN APPLICATION

The DMPL VolunTeens program is for students ages 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:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

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

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

**Please list dates that you will be UNAVAILABLE:**

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

**Available:**  Mornings  Afternoons  Evenings

Mon.  Tues.  Wed.  Thur.  Fri.  Sat.

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

**Availability Notes:**

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

**Special Skills: (such as babysitting, extracurricular, other volunteer jobs, etc.)**

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

**Do you have any food allergies?**

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

**Emergency Information:**

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

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

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