

Bellingham Public Library
Teen Volunteer Application (under 14)

Name: _____

Address: _____

Phone #: _____ **Age:** _____

Email: _____

You will be required to schedule volunteer sessions that are 1 or 2 hours in length.
If you are unable to make it to a scheduled session, it is very important that you let us know
as soon as possible.

Are you looking to volunteer to meet a community service requirement? ____ Y ____N

If yes: How many hours do you need to complete? _____

When do you need to have the hours completed by? _____

Possible tasks may include:

- ❖ Organizing collections, cleaning, preparing craft activities, and looking through book review magazines.

Please explain any restrictions or limitations (such as medical) we should be aware of:

Emergency Contact: _____
Name Phone #

Your Signature: _____ **Date:** _____

Parent Signature: _____