



DES MOINES PUBLIC LIBRARY Teen Volunteer Application

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: _____
Cell Phone: _____ **Home Phone:** _____
Parent/Guardian name: _____
Contact Phone number: _____

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

<u>Location:</u>	Central	East	Forest	Franklin	North	South
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Availability Notes:

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

Emergency Information:

In case of emergency, notify: _____ **Phone:** _____
Doctor's name: _____ **Phone:** _____

Library use only: **SOR:** _____ **IDC:** _____ **Horizon:** _____