



TURN THIS APPLICATION IN AT _____ LIBRARY
Check website for your specific location

TEEN VOLUNTEER APPLICATION

School Year Volunteer _____ Summer Volunteer _____

Name: _____ Phone: _____

Address: _____ Email: _____

Emergency Contact Name: _____ Phone: _____ Email: _____

Are you between the ages of 12 and 17? Yes _____ No _____ Last Grade Level Completed: _____

Date you will be able to begin volunteering: _____ Do you want to work 1 or 2 shifts per week? _____

List any days which you will need for vacation or days off: _____

The Libraries are open using the following schedule:

Sunday 1-5 pm: Burton Barr, Cesar Chavez, Cholla, Ironwood, Juniper, Mesquite, Palo Verde, Saguaro

Monday 9 am– 5 pm: Burton Barr, Cesar Chavez, Cholla, Ironwood, Juniper, Mesquite, Palo Verde, Saguaro

Tue., Wed., Thurs. 11 am-7 pm: Burton Barr, Acacia, Agave, Century, Cesar Chavez, Cholla, Desert Broom, Desert Sage, Harmon, Ironwood, Juniper, Mesquite, Ocotillo, Palo Verde, Saguaro, Yucca.

Friday 9 am – 5 pm: Burton Barr, Acacia, Agave, Century, Desert Broom, Desert Sage, Harmon, Ocotillo, Yucca.

Saturday 9 am – 5 pm: Burton Barr, Acacia, Agave, Century, Cesar Chavez, Cholla, Desert Broom, Desert Sage, Harmon, Ironwood, Juniper, Mesquite, Ocotillo, Palo Verde, Saguaro, Yucca.

What times are you available on these days?

We will make every effort to schedule you for preferred days and times.
Time slots will be assigned in the order in which applications are received.
Space is limited. The library may not be able to accept all applicants.

There will be mandatory volunteer orientation/training: see your local library for dates

Why do you want to volunteer?

Do you have any previous volunteer or work experience?

Please use back to write additional information

Are there any special needs/ conditions which should be taken into consideration in arranging your volunteer assignments?

I hereby certify that all the statements contained here are true to the best of my knowledge and I understand omissions or misstatements may be cause for discharge from the library volunteer program. I will also keep the Volunteer Coordinator advised of changes in my address.

Signature/Applicant _____ Date _____

I have read this application and understand that my son/daughter is applying to work as a volunteer in a Phoenix Public Library.

Signature/Parent/Guardian _____ Date _____