

**Thomas Crane Public Library
Teen Volunteer Application**

First Name: _____ Last Name: _____

Address: _____

City, State and Zip Code: _____

Phone: _____ Email: _____

School & Grade _____ Age: _____

Number of Hours Needed: _____ Need to Complete Hours By: _____

Languages You Read: _____ Languages You Speak: _____

Volunteer/Work Experience (where, for how long, and what did you do?):

Why do you want to volunteer at the library?

Personal/Volunteer References (give two people who are not relatives):

Name Relationship Daytime Phone # 1.

_____ 2.

Emergency Contact Information

Name: _____ Phone: _____

We are required to conduct CORI (Criminal Offender Record Information) checks on all volunteers, regardless of age. Accepted volunteers will be given a separate CORI form requiring date of birth and the last six digits of their social security number.

Signature of Applicant: _____ Date: _____

Parental Permission

If you are under 18, please have a parent or legal guardian sign the following permission form. I

(print your name) _____, parent/legal guardian,

grant permission for (print child's name) _____

to volunteer at the Thomas Crane Public Library.

Parent/Guardian's Signature: _____ Date: _____

Phone: _____ Email: _____

Rev June 2021