

**MESA COUNTY LIBRARIES
TEEN VOLUNTEER APPLICATION**

Please return this application to:
Volunteer Coordinator, Mesa County Libraries, 443 North 6th Street,
Grand Junction, O 81501, (970) 683-2432

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ Zip: _____

Are you 14 or older? Y N Birthdate: ___/___/___ School: _____ Grade: _____

1. Have you volunteered before? Yes _____ No _____ If yes, where? _____

2. Why do you think you want to volunteer at the library?

3. Please list any interests, hobbies, clubs, activities, or special skills:

4. Are you required to fulfill a specific number of volunteer hours? _____ If yes, how many? _____

Check volunteer position(s) you are interested in:

- Summer Reading Program (SPR)
- Youth Services Support (sorting/shelving materials, cleaning)
- Youth Services – Material Prep
- Special Events
- Other: _____

At which branch do you want to volunteer? _____

Days you can volunteer: (circle) Sun Mon Tue Wed Thu Fri Sat Sun
Times you can volunteer: From _____ am/pm to _____ am/pm
First day you can volunteer: _____ Last Day: _____

Please list any dates you will not be available, such as vacations, camp, family activities, etc.

Please list two references (teachers, coaches, neighbors, etc)

1). Name: _____ Phone: _____

How do you know this person? _____

2). Name: _____ Phone: _____

How do you know this person? _____

Emergency Information:

Name of emergency contact: _____

Relationship to volunteer: _____

Phone: _____ Alternate Phone: _____

Signature: _____ Date: _____

(I attest that all information above is accurate and true to the best of my knowledge)

Parent Signature: _____ Date: _____

(Required if teen is under age 18)