



SEMINOLE COUNTY PUBLIC LIBRARY TEEN VOLUNTEER APPLICATION FOR APPLICANTS 14-17 YEARS OLD

Teen Volunteer's Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ Zip: _____

Teen Volunteer's Cell Phone #: _____ Teen Volunteer's Email: _____

Please do not write your SCPS student email address on the line above. The SCPS email server bounces emails we try to send to those addresses.

Home or Legal Guardian's Phone: _____

Do you enjoy working with younger children? Yes or No (Circle one)

Number of hours per week you are available to work: _____

Days available to work: Sun. ____ Mon. ____ Tues. ____ Wed. ____ Thurs. ____ Fri. ____ Sat. ____

Do you speak OR read another language other than English? Yes or No (Circle one) Which ones: _____

Can you lift up to 25 pounds? Yes or No (Circle one)

What skills or talents do you have that may be useful to the Library as a volunteer? _____

Current School: _____ Current Grade: _____

Are you completing hours toward a Bright Futures Scholarship? Yes or No (Circle one)

Approximate number of volunteer hours you are wanting to earn? (no less than 30) _____

Please list any extracurricular activities, jobs, clubs, and/or sports with which you are involved: _____

WORK EXPERIENCE IS NOT REQUIRED

Work Experience:

Employer Name: _____ Dates worked: _____

Employer Address: _____

Position Title: _____ Describe your duties: _____

Employer Name: _____ Dates worked: _____

Employer Address: _____

Position Title: _____ Describe your duties: _____

I agree to abide by and comply with all rules, regulations, policies an procedures of Seminole County and the Seminole County Public Library.

Student Signature: _____ Date: _____

Parent or Legal Guardian Signature: _____ Date: _____