



# SEMINOLE COUNTY PUBLIC LIBRARY TEEN VOLUNTEER APPLICATION FOR APPLICANTS AGES 14 & UP WHO ATTEND HIGH SCHOOL

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Cell Phone #: \_\_\_\_\_ Student Email: \_\_\_\_\_

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 and procedures of Seminole County and the Seminole County Public Library.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_