

**WASHINGTON COUNTY FREE LIBRARY  
COMMUNITY TEEN  
VOLUNTEER APPLICATION FORM**

Applicant's Name: \_\_\_\_\_

Phone # \_\_\_\_\_

Home Address: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade \_\_\_\_\_ H ours needed \_\_\_\_\_

Include schedule you are available for volunteer work-

**EMERGENCY – ACCIDENT FORM  
IN CASE OF ACCIDENT OR ILLNESS NOTIFY**

Parent/ Guardian Name: \_\_\_\_\_

Parent/ Guardian Home Phone: \_\_\_\_\_

Parent/ Guardian Work Phone: \_\_\_\_\_

Personal Physician-  
Phone : \_\_\_\_\_

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

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

**PLACEMENT CONFIRMATION**

Site Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Branch Site: \_\_\_\_\_ Department: \_\_\_\_\_

Volunteer Start Date: \_\_\_\_\_

Volunteer Completion Date: \_\_\_\_\_

(Check option that applies) O ne time /event volunteer \_\_\_\_\_  
Ongoing volunteer \_\_\_\_\_