HENNEPIN COUNTY LIBRARY

Teen volunteer application

Name							
FIRST MIDD				LAST			
Address		City		_State	Zip co	de	
Phone: Home/Cell		Email					
Birthdate (M/D/Y)	Grade	School					
Preferred Library		I am available:	○ Weekday	s C Ev	enings	Weekends	
Why are you interested in volunteering with	th the Library?						
What skills or abilities do you have to bring	g to a volunteer positio	on?					
Are you volunteering to meet other requir	ements?						
REFERENCE							
If you are interested in volunteering with Homew Students must be 16 years old to volunteer with I		nool reference that w	e can contact reg	arding your v	olunteer in	terest.	
Name		Email					
Address		Phone #					
EMERGENCY INFORMATION	ON						
Person to contact in an emergency							
Relationship to you		Phone Nun	nber				
Signature				Date			
Parent/Guardian Signature(Required for minors)				Date			

