**Kellogg-Hubbard Library**

**YOUTH Volunteer Application**

*Thank you for volunteering in the Children’s Library! We rely on our youth volunteers to help us with Library programs for children and teens. Our Youth Services Librarian will contact you to follow-up about your application.*

Today’s Date \_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Info & Address**

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact (name and phone)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Availability**

*Please indicate the times that you are available to volunteer on the following days. Please note that volunteer opportunities are based on the needs of the Library and we cannot always accommodate every schedule.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Monday:  |  | Tuesday: |  | Wednesday: |  |
| Thursday: |  | Friday: |  | Saturday: |  |

**Types of Volunteer Jobs:**

Youth volunteers help set up and clean up programs; this might include setting up tables, getting supplies ready, preparing craft materials, etc. They help younger children with crafts or activities. They create crafts or displays for the Children’s Library. They sign people up for the summer reading program.

Please list any special skills, knowledge, or library experience that you would like to share:

**Volunteer Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Parent or Guardian Printed Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*By signing the above I am giving my child permission to volunteer at the Kellogg-Hubbard Library. I understand that their photo may appear as part of the record of library programs and may be used on Library social media or the Library website.*