



Salem-South Lyon
District Library

9800 Pontiac Trail, South Lyon, MI 48178

Teen Volunteer Application

Full Name _____ Date _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Phone _____ Age _____

Parent/Guardian Contact Information (if under 18 years of age)

Name _____

Phone _____

Emergency Contact Information

(Please add the name of another adult we could contact in case of an emergency)

Name _____

Phone _____

Schedule

First date you are available to volunteer _____

Please list some general times you will be available to volunteer:

Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____ Saturday: _____

**** We will schedule you ½ hour per week, unless otherwise requested. ****

Interests

Why do you want to volunteer at the library?

What would you be interested in doing while volunteering at the library?

What interests or hobbies do you have that could be applied at the library?

- All Teen Volunteers (not parents or caregivers) are responsible for contacting a librarian to schedule their volunteer time. Please contact a staff member at least 24 hours before the time that you would like to volunteer.
- Teen Volunteers must keep track of their own schedules and notify the library with any changes.
- We do not accept court-ordered community service at this time. Please see a librarian for suggestions of other community organizations to contact.

I, the undersigned, give _____ permission to volunteer at the Salem-South Lyon District Library.

Parent/Guardian Signature (if Teen is under 18)

Date

Teen Volunteer Signature

Date