

# Kirkland Town Library Youth Volunteer Application

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Grade \_\_\_\_\_

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

Parent or Guardian \_\_\_\_\_

Who sent you to us? \_\_\_\_\_

Hobbies or Special Skills \_\_\_\_\_

Previous Volunteer Experience:

Where? \_\_\_\_\_

Responsibilities \_\_\_\_\_

Other Work Experience \_\_\_\_\_

What kind of volunteer work are you interested in ?

\_\_\_\_\_

Which day or days are best for you to volunteer?

Monday	Tuesday	Wednesday	Thursday	Friday
am	am	am	am	am
pm	pm	pm	pm	pm
eve	eve	eve	eve	

## Health Information

Who should we contact in case of emergency? \_\_\_\_\_

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

Do you have any special medical/physical limitations that will significantly impact your volunteer service? If yes, please describe \_\_\_\_\_

\_\_\_\_\_.

Do you currently have any contagious or infectious diseases, or have you been exposed to TB?

\_\_\_\_\_

Volunteer's Signature \_\_\_\_\_

Staff Member's signature \_\_\_\_\_

\_\_\_\_\_