



# Wood River Public Library Young Adult Volunteer

*Please note that all applications expire at the end of August each calendar year.*

## Contact Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## Please check which items you would be interested in volunteering for:

- Assisting with children's programs  
 Shelf reading (making sure items are in the correct order)  
 Craft prep (cutting out items, copying, etc.)  
 Other: \_\_\_\_\_

## Expectations:

- Come with a positive attitude. You are not just a volunteer; you are a role model to other youth. They look up to you!
- Be respectful! Please do not swear, tease, put down others, or horseplay.
- Cell phones should be put away. You are expected to give the event/task your attention.
- Sign in and report to staff member in charge. If you are unsure, ask the front desk.
- Do not limit yourself to one youth. Sometimes you will need to help with multiple kids.
- Call if you have questions, issues, or cannot attend an event you volunteered for (254-4832). We want you to enjoy your time volunteering!

## Emergency Contact (must be 18 or older)

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**If you are interested in shelf reading, please indicate dates/times you are available. The circulation manager will contact you to schedule a time to volunteer.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please turn over page to complete application.**

I wish to volunteer at the Wood River Public Library. By signing this application, I acknowledge that any duties I perform as a volunteer is done without compensation and at my own risk. I acknowledge that Wood River Public Library does not carry insurance which covers me in the case of accidental injury. I also understand the expectations set by the library and will adhere to them. I understand that the Wood River Public Library reserves the right to remove volunteers should expectations not be followed.

Young Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parental Permission**

If you are under 16, please have a parent/legal guardian sign this form:

I (print), \_\_\_\_\_ parent/legal guardian, grant permission for (print) \_\_\_\_\_ to volunteer at Wood River Public Library.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_