

# Youth Volunteer Application

Western Carteret Public Library  
230 Taylor Notion Rd  
Cape Carteret NC 28584  
Tele: (252) 393-6500  
Fax: (252) 393-6660

Date \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Mailing address \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_ School attending \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ (*volunteers must be 14 or older*) Email \_\_\_\_\_

(In case of an emergency)

Name of parent or legal guardian \_\_\_\_\_

Medical condition or allergies (*All information will be kept confidential*) \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Please answer the following:

Are you volunteering to accumulate academic or service hours? \_\_\_\_\_

If yes, what is the name of the organization? \_\_\_\_\_

How many hours do you need? \_\_\_\_\_

What date is your deadline to complete the hours? \_\_\_\_\_

Have you had prior experience working in a library either paid or unpaid? \_\_\_ Yes \_\_\_ No

.....  
Applicant is to read and sign the statement below:

I am interested in volunteering at the Western Carteret Public Library. I understand that my attitude and attire at the Library should be professional. I will accept assignments and supervision courteously.

I will conduct myself appropriately at all times. I will use my volunteer time to do the job I am assigned to do, not to visit with friends or play games. I understand and agree to follow the Youth Volunteer guidelines.

\_\_\_\_\_  
Student Volunteer Signature Date

.....  
Parent or Guardian must sign:

I, \_\_\_\_\_ give my son/daughter \_\_\_\_\_  
(print) (print)

permission to volunteer at the Western Carteret Public Library. I hereby release the library from any liability that may arise due to my child's volunteer activities at the library.

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