



# LOWER SOUTHAMPTON TOWNSHIP LIBRARY

## Teen Volunteer Application

### PERSONAL

*Volunteers must be at least 12 years old and be willing to volunteer at least 2 hours, one day a week.  
Volunteers must be able to alphabetize, organize, have a good sense of numbers, and lift heavy objects.*

First Name \_\_\_\_\_ | Last \_\_\_\_\_

Street Address \_\_\_\_\_ | Birthdate \_\_\_\_\_

City \_\_\_\_\_ | State \_\_\_\_\_ | ZIP \_\_\_\_\_

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

Date Available \_\_\_\_\_

Is this required volunteering  
for school? \_\_\_\_\_

If yes – how many hours  
and when are they needed by? \_\_\_\_\_

Previous volunteer experience \_\_\_\_\_

What tasks would you be  
interested in doing at the library? \_\_\_\_\_

### AVAILABILITY

When are you available?      Monday      Tuesday      Wednesday      Thursday      Friday      Saturday

Morning (10am-12pm)      Afternoon (12pm-3pm)      "After School" (3pm-5pm)      Evening (5pm-9pm)

*We're open Monday & Wednesday 10am-9pm, Tuesday & Thursday 12pm-9pm, Friday 12pm-5pm, & Saturday 9am-4pm*

### EMERGENCY CONTACT

Full Name \_\_\_\_\_ | Relationship \_\_\_\_\_

Phone \_\_\_\_\_

### DISCLAIMER & SIGNATURE

*Applicants will be contacted by the library when there are volunteer opportunities that line up with their availability.  
Unfortunately, we may not be able to accommodate all applicants wishing to volunteer.*

Applicant Signature \_\_\_\_\_ | Date \_\_\_\_\_

*I am granting permission for my child to volunteer at the Township Library of Lower Southampton:*

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