

(Administrative Use Only)

Staff Initials _____ Date Received _____ Date Contacted _____ Starting Date _____

Teen Volunteer Application

This is a volunteer program for teens ages 12-18.

**Please sign and return this application to Chatham Community Library or email to
youth.services@chathamlibraries.org**

Name: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Email (required*): _____

*Email will be used to contact you, so please list the email you will check most frequently.

Parent or guardian name and contact: _____

School: _____ Age: _____ Grade: _____

of Hours Needed if Relevant: _____ Needed for: (circle one) SCHOOL CLUB OTHER

Why do you want to volunteer at Chatham Community Library? Please describe any relevant work experience and hobbies/interests:

Teen Volunteer Agreement:

I agree to follow the directions of library staff and fulfill my duties to the best of my ability. I understand that submitting this application does not automatically register me as a volunteer, and that availability of hours may be limited.

You must have a parent's permission to be a Teen Volunteer at Chatham Community Library.

Teen Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Chatham Community Library
197 NC Hwy 87 N
Pittsboro, NC 27312
(919) 545-8084

