



**Ventress Memorial Library  
15 Library Plaza, Marshfield, MA 02050  
Teen Volunteer Application**

**Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Town, Zip:** \_\_\_\_\_

**Teen Phone Number:** \_\_\_\_\_

**Teen Email (please no school emails):** \_\_\_\_\_

**School :** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Emergency Contact Name (EC):** \_\_\_\_\_ **Relationship to you:** \_\_\_\_\_

**EC Phone:** \_\_\_\_\_

**EC Email:** \_\_\_\_\_

**Any other information we should know about you? Allergies, etc...**

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**What are your main volunteer interests? (i.e. shelving, program planning, social media, etc.):**

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If my application is accepted, I agree to commit to a regular volunteer schedule and to abide by the Teen Volunteer Code of Conduct. I understand that if I cannot make an assigned volunteer day or time I will contact the library at (781) 834-5535. I also understand that if for any reason things do not work out, Ventress Memorial Library reserves the right to end this service.

**Teen Volunteer Signature:** \_\_\_\_\_

I understand that my child is interested in volunteering at the Ventress Memorial Library. They have my permission to participate in the Teen Volunteer program and Teen Zone events.

**Parent/Guardian Signature:** \_\_\_\_\_