



Ventress Memorial Library
15 Library Plaza, Marshfield, MA 02050
Teen Volunteer Application (must be in grade 7-12)

Preferred Name: _____ **Birthdate:** _____

Address: _____ **Town, Zip:** _____

Phone (circle one): Teen Cell Home Other _____

Teen Email (please no school emails): _____

School : _____ **Grade:** _____

Emergency Contact (EC): _____ **Relationship:** _____

EC Phone (circle one): Cell Home Work _____

EC Email: _____ **Alt. Phone:** _____

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

Circle all positions you are interested in: General Volunteer Youth Services WaveMaker

Times you are available to volunteer (list three times & indicate 1st, 2nd & 3rd choices):

Monday	Tuesday	Wednesday
Thursday	Friday	Saturday

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 above events.

Parent/Guardian Signature: _____