



**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...**

\_\_\_\_\_

**Check all positions of interest:**

\_\_\_\_\_ Youth Services: help with shelving, shelf-reading, and kids and tween program preparation

\_\_\_\_\_ Library Influencer: post book reviews on our teen blog, make Tik Tok videos, and more

\_\_\_\_\_ WaveMaker: help patrons use our Makerspace technology during drop-in hours (training required)

**Times you are available to volunteer (write in at least 3 time ranges):**

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>
<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>

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: \_\_\_\_\_ Date: \_\_\_\_\_

I give my permission for my child to volunteer at the Ventress Memorial Library.

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

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