

Library submitting (if applicable):

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**TEEN VOLUNTEER APPLICATION**

**(13 to 17 years of age)**

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| Print Full Name:  |
| Address: City: State: ZIP: |
| Phone Home/Cell: Email: |
| Age: Birthdate: Do you have any special needs? |
| In case of an emergency, contact: Phone: |
| Work phone: Relationship to you: |
| **APPLICATION NOT COMPLETELY FILLED IN WILL NOT BE CONSIDERED** |
| Have you previously volunteered at St. Louis Public Library? (Where and When) |
| Work experience:  |
| Volunteer experience: |

Are you fulfilling a requirement? How many hours are needed?\_\_\_\_\_\_\_\_\_\_\_

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| With which agency/school are you working? Completed by? |
| What length of service do you plan on contributing? Short term (fulfilling requirement only)  |
| Long term (would like to volunteer regularly) Undecided |
| Circle activities that you enjoy: Video games Robotics LEGOS Drawing Crafts Listening to music Playing an instrument Dancing |
| What days and times are you available? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Which Library? 1st request 2nd request |
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Volunteer signature Date

*All volunteers under 18 years of age must have parent/guardians signature in your household.*

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Parent/Guardian signature Date

**St. Louis Public Library Administration Office / Human Resources**

**1415 Olive Street, St. Louis, MO 63103 / 314-539-0306**

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