

North Hampton Public Library

Youth Volunteer Application (must be 14+)

PERSONAL INFORMATION

Name: _____ Date: _____
Address: _____ Phone: _____
Age: ____ DOB: _____ Email Address: _____

VOLUNTEER INTERESTS

Why do you want to volunteer?

EDUCATION

What is your grade (or grade level equivalent) _____ Do you have a library card? ☐ Yes ☐ No
What was the last book you read?

SKILLS

What special interests and/or skills do you have that may help us to match you with the best volunteer assignment?

DAYS/TIMES YOU ARE AVAILABLE

REFERENCE INFORMATION

1.Name: _____ Phone: _____ Relationship: _____
2.Name: _____ Phone: _____ Relationship: _____

Please read the following agreement and sign:

I certify that the answers contained in this application are true and complete to the best of my knowledge. My volunteer service is conditional upon completion of the application and verification of the references I have provided. I am offering my services as a volunteer. I agree to keep confidential all patron information or Library records I may encounter. If my application is accepted, I agree to abide by the rules and regulations of the Library. I understand that I will not be entitled to compensation for any services I provide.

Signature: _____ Date: _____

PARENT/GUARDIAN CONSENT (for volunteers under age 16)

I give permission for the above applicant to volunteer at the North Hampton Public Library. If you need to reach me, my phone number is (Home) _____ (Cell) _____

Legal Parent or Guardian Name (print): _____

Signature: _____ Date: _____

Email Address: _____

Employer (in case we need to reach you in an emergency): _____

Work Phone: _____