



Volunteer Application

Ages 11–17

You must live within School District 200 boundaries to volunteer.
Fill out this form completely and return it to the Youth Services Desk.

Applicant

Name: _____ Birthdate: _____

Address: _____

Phone: _____ Email: _____

School: _____

By signing this application, I agree to abide by the teen volunteer expectations set by the Warrenville Public Library District.

Applicant Signature: _____ Date: _____

Parent/Legal Guardian

Parent/Legal Guardian Name(s): _____

Please list at least one emergency contact:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

This applicant has my permission to participate as a Teen Volunteer at the Warrenville Public Library District.

Parent/Legal Guardian Signature: _____ Date: _____
