



Volunteer Application

Ages 11-17

You must be a Warrenville resident to volunteer.
Fill out this form completely and return it to the Youth Services Desk.

Applicant

Name: _____ Birthdate: _____

Address: _____

Phone: _____ Email: _____

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: _____

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

Parent/Legal Guardian Signature: _____ Date: _____