

**NEW LENOX PUBLIC LIBRARY DISTRICT**  
**TEEN VOLUNTEER APPLICATION**

**(APPLICANTS MUST BE GOING INTO 7<sup>TH</sup> THRU 12<sup>TH</sup> GRADE)**

(NO COURT ORDERED APPLICATIONS ACCEPTED)

Date \_\_\_\_\_

Name \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Best way to contact (circle one)      Home Phone      Cell Phone      E-mail

Availability: (circle all that apply)      Mon.      Tues.      Wed.      Thurs.      Fri.      Sat.

Times Available \_\_\_\_\_

Reason I would like to volunteer (circle all that apply)

School Requirement      Church      Scouts      National Honor Society

I just want to help      Other \_\_\_\_\_

Number of hours needed \_\_\_\_\_      Date hours must be completed \_\_\_\_\_

Please circle any skills you have that could be helpful to us:

Computer      Art      Music      Theater      Crafts (specify below)

Detail-Oriented      Writing      Sports      Video Games      Photography

Please list any additional skills or interests you have that could be helpful:

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**Disclaimer:**

The New Lenox Public Library District recognizes and appreciates the hard work and unique talents the volunteers of the community offer the library throughout the year. All work performed by volunteers is done without compensation and at the risk of the volunteer. The library does not carry insurance which protects the volunteer in the case of accidental injury.

Signature \_\_\_\_\_

Parent's Signature (if under 18) \_\_\_\_\_

THANK YOU FOR YOUR INTEREST IN THE NEW LENOX PUBLIC LIBRARY.  
A STAFF MEMBER WILL CONTACT YOU ABOUT YOUR APPLICATION WITHIN A WEEK.

**FOR STAFF USE ONLY**

Staff \_\_\_\_\_      Call Date \_\_\_\_\_      Start Date \_\_\_\_\_

Notes \_\_\_\_\_

