

Silver Falls Library District

Teen Volunteer Application

Please print:

Last Name	First Name	Middle Initial
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Street Address

City	State	Zip Code
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Email Address

Home Phone #	Cell Phone #	Date of Birth
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What is the best way to contact you? Email Home phone Cell phone

Qualifications: Are you at least 14 years or older? Yes No

Emergency Contact:

Full Name	Relationship
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Home Phone	Cell Phone	Work Phone
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Agreement: I agree to follow directions, listen respectfully, use appropriate language, wear appropriate clothing, work safely, arrive on time and ready to work, and notify staff if I will be late or need to leave early.

Signature	Date
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Parent/Guardian's Signature	Date
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Parent/Guardian's Name (printed)

Please complete the questions on the back of this application.