



## MARION COUNTY LIBRARY VOLUNTEER APPLICATION

### - TEENS (12 TO 18 YEARS OLD)

308 Old Main Street Yellville, AR 72687

870-449-6015

marcolibrary.org

Date: \_\_\_\_\_

#### INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (Cell/Home/Work)

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### EDUCATION/EXPERIENCE:

High School/GED: (circle one) ..... Yes      No

Previous Volunteer Experience: \_\_\_\_\_

#### SKILLS:

Computers: (circle all that apply) Word Windows Excel Gmail Internet Browsers

Other Skills and Interests: \_\_\_\_\_

#### Areas of Interest: (Please check all that apply)

<input type="checkbox"/> On-Call, Special Events	<input type="checkbox"/> Craft Assembly	<input type="checkbox"/> Check-Ins
<input type="checkbox"/> On-Call, Weekends	<input type="checkbox"/> Preparing Books	<input type="checkbox"/> General Volunteering
<input type="checkbox"/> Shelving	<input type="checkbox"/> Children's Area (General)	<input type="checkbox"/> Other

#### VOLUNTEERING DETAILS:

<b>Preferred Days:</b> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	<b>Times Available:</b> Morning from _____ to _____  Afternoon from _____ to _____	<b>Availability:</b> <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Special Project(s) Times/Seasons Not Available: _____
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**Please list three (3) references below:**

Reference 1:

Name: \_\_\_\_\_

Relationship to Reference: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (Cell/Home/Work)

Email: \_\_\_\_\_

Reference 2:

Name: \_\_\_\_\_

Relationship to Reference: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (Cell/Home/Work)

Email: \_\_\_\_\_

Reference 3:

Name: \_\_\_\_\_

Relationship to Reference: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (Cell/Home/Work)

Email: \_\_\_\_\_

**Parent or Guardian Permission:**

Parent or Legal Guardian: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

By signing below, I confirm my child has my permission to volunteer at the library. I am responsible for my child's transportation. I understand it is not the responsibility of the Library Staff to monitor my child.

Signature of Legal Guardian: \_\_\_\_\_