Youth Volunteer Interest Form

Name:	Age:	
Address:		
Phone Number:		
Email Address:		
Emergency Contact Info:		
	Name/Relationship to Volunteer	Phone Number
What library did you turn your ap	plication into?	
What school do you attend?		What grade are you in?
Are you volunteering for commun	nity service hours? Yes No If so, how man	ny hours do you need?
As a library youth volunteer, I agro	ee:	
 To follow staff directions. To arrive on time and check To call my supervisor as soo The Library agrees:	k in with staff upon my arrival. on as possible if I am unable to volunteer du	ıring my regular schedule.
 To provide you with a safe of the safe of	training by a member of the Library staff.	
2. To make sure my child arriv	trive for good work habits and attendance. ves on time and has transportation home. nce of my child's volunteer responsibility.	
	ow all rules of the library. If I do not keep to	ee to keep the volunteer schedule the this agreement, I realize I may be
I give my child perm	nission to be a youth volunteer for the San	Francisco Public Library.
Parental/Guardian Sig	 gnature	 Date
*Staff Use: Were you able to place	**************************************	
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