

** You must be 12 -18 years old to be a Teen Volunteer. **

Name	Date
Address	
City	Zip
Phone () Email	
School	Grade
Special Hobbies or interests	
Why do you want to volunteer?	
Are you required to complete a certain number of volunteer hours?	(circle one) YES NO
If yes, how many?By what date are these required to be completed?	
IN CASE OF EMERGENCY, PLEASE CONTACT:	
Name of parent/guardian	Relationship
Home phone () Work P	hone ()
Address	
City	Zip
(Signature of parent/guardian consenting to applicant working as a volunteer)	
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I hereby apply for work as a volunteer at the Lincoln-Park Public Library. I understand that if I am accepted, I will be expected to work when I am scheduled. I will notify the library staff if I am unable to work as scheduled.	
Applicant's signature	Date

Please return application to: Lincoln Park Public Library, 1381 Southfield Road, Lincoln Park, MI 48146. Questions? Call 313-381-0374 or email lbustin@lincoln-park.lib.mi.us