

Youth Volunteer Application

We welcome applications from youth who are at least 14 years old.

Your Contact Information:

Name:	
Pronouns:	
Date of Birth:	
Street Address:	
City, State ZIP:	
Primary Phone:	
Alternative Phone:	
Email:	

Library card holder?	YES	NO
If no, would you like to be registered for a library card?	YES	NO

Position:

What position are you applying for?

For open positions, please refer to the San Juan Island Library Volunteer Webpage at <https://www.sjlib.org/at-the-library/volunteers/>.

Please note that while general applications are accepted, best consideration is given to applications for a specific position.

Experience and Qualifications:

Whether for a specific position or a general application, please list your relevant work experience, qualifications, and level of education.

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Experience and Qualifications:

What other skills and talents would you like to share?

Your Availability:

How many hours (we suggest a minimum of 2) per week do you wish to volunteer? _____

How many total hours would you like to volunteer? _____

Do these volunteer hours count toward a scholarship or school program? YES NO

Please mark the times when you are available to volunteer using hours and minutes:

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Before opening						
Morning						
Mid-day						
Afternoon						
Evening						

Person to Notify in Case of Emergency:

Name:	
Street Address:	
City, State ZIP:	
Primary Phone:	
Alternative Phone:	
Email:	
Relationship:	

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Parent / Guardian Consent

I give permission for the above applicant to volunteer at the San Juan Island Library for a maximum of _____ hours per week.

Parent/Guardian Name: _____

Signature: _____

Phone Number: _____

Date: _____

Youth Agreement & Signature

I understand that the San Juan Island Library reserves the right to screen volunteers, to accept or reject any applications, and to place volunteers in specific locations and positions based on the needs of the Library.

I understand that if accepted, it will be my responsibility to maintain any log of my hours required for scholarships or academic credit.

Signature: _____

Date: _____

Thank you for your interest in volunteering at the San Juan Island Library!

We will contact you after reviewing your application.

OFFICE USE ONLY, INDICATE THE DATE ACTION WAS TAKEN

Scanned as PDF	Filed in I: Drive	Logged to database	Contacted