



101 WEST MORRIS ST.  
BATH, NY 14810  
PHONE: 607-776-4613 FAX: 607-776-6693

YOUTH VOLUNTEER APPLICATION

Name (First & Last) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone (home) \_\_\_\_\_ (Cell/Work) \_\_\_\_\_ Ok to text? \_\_\_\_\_

Email \_\_\_\_\_ Are you over 18? \_\_\_\_\_ Yes \_\_\_\_\_ No

School Name (if applicable) \_\_\_\_\_ Grade/Age \_\_\_\_\_

Contact in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

Secondary emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

What brought you here: \_\_\_\_\_ School \_\_\_\_\_ Library Staff \_\_\_\_\_ Newsletter  
\_\_\_\_\_ Word of mouth \_\_\_\_\_ Other: \_\_\_\_\_

What is your availability (days/times): \_\_\_\_\_

How many hours are needed/desired? \_\_\_\_\_

Do your hours need to be completed by a certain time? \_\_\_\_\_ No \_\_\_\_\_ Yes: (please specify) \_\_\_\_\_

Is there anything else you would like us to know about you? (Hobbies, interests, limitations etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we have permission to use general information about your volunteer opportunity and pictures taken of you while volunteering for promotion of Dormann Library programs? \_\_\_\_\_ Yes \_\_\_\_\_ No

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature if under 18 \_\_\_\_\_