



Library Legions Volunteer Application

Name _____ Date of Birth _____ Grade _____

Address _____

Student email _____

Home phone _____ Student cell phone _____

Emergency Contact Information

This should be a parent/guardian or relative who is able to authorize help for you in an emergency

Emergency Contact Name _____

Phone number _____

Email _____

Relationship to volunteer _____

Will your community service hours at the library be used to fulfill a volunteer requirement?

Yes No

If so, with what organization? _____

Name of contact person at organization _____

Parental consent is required for all volunteers under the age of 18. Parents must fill out the consent form on the back of this application.

Thank you for volunteering. Your help is needed and appreciated. If you have any questions, contact the library at 855-3444

