

**Willow Springs Public Library  
Junior Volunteer Application (Ages 12-17)**

Name \_\_\_\_\_  
(Last) (First) (M.I.) Date of Birth / Age

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Zip \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
(Name) (Phone) (Relationship)

Name of School \_\_\_\_\_ Grade \_\_\_\_\_

Interests, Skills & Activities \_\_\_\_\_

Physical limitations \_\_\_\_\_

Check area(s) in which you are interested:

- |   |  |
|---|--|
| <input type="checkbox"/> ( ) Preschool Story Time | <input type="checkbox"/> ( ) DVD and Book Organization |
| <input type="checkbox"/> ( ) Book Cleaning        | <input type="checkbox"/> ( ) General Cleaning          |
| <input type="checkbox"/> ( ) Ground Care          | <input type="checkbox"/> ( ) Special Assignments       |

Days and Times Available \_\_\_\_\_

Why would you like to volunteer? \_\_\_\_\_

\_\_\_\_\_

Previous volunteer experience(s) \_\_\_\_\_

\_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.