



*Kalona*  
PUBLIC LIBRARY

## APPLICATION FOR YOUTH VOLUNTEERS

DATE \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_

ADDRESS \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CURRENT SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

### VOLUNTEER AVAILABILITY

Please indicate the days and times you are usually available to volunteer.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> A.M.	<input type="checkbox"/> A.M.	<input type="checkbox"/> A.M.	<input type="checkbox"/> A.M.	<input type="checkbox"/> A.M.	<input type="checkbox"/> A.M.
<input type="checkbox"/> P.M.	<input type="checkbox"/> P.M.	<input type="checkbox"/> P.M.	<input type="checkbox"/> P.M.	<input type="checkbox"/> P.M.	<input type="checkbox"/> P.M.

### How often would you prefer to volunteer?

Once per week \_\_\_\_ Once every 2 weeks \_\_\_\_ Once per month \_\_\_\_ As needed/for special assignments \_\_\_\_

### Check areas of interest:

- |  |  |
|--|--|
| <input type="checkbox"/> Assist w/ School Early Out activities | <input type="checkbox"/> Collection Assistant        |
| <input type="checkbox"/> Assist w/ Story Times                 | <input type="checkbox"/> Communications/Publicity    |
| <input type="checkbox"/> Assist w/ Summer Reading Program      | <input type="checkbox"/> Computer/Technology         |
| <input type="checkbox"/> Book sale                             | <input type="checkbox"/> Special Projects            |
| <input type="checkbox"/> Bulletin boards/ Displays             | <input type="checkbox"/> Other assignments as needed |

Do you speak fluently, read or write any language in addition to English?

\_\_\_\_\_

What interests you about volunteering at Kalona Public Library?

\_\_\_\_\_

\_\_\_\_\_

What are your favorite subjects in school?

\_\_\_\_\_

What are your hobbies?

\_\_\_\_\_

Do you have any prior volunteer experience? If so, please describe:

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Please describe any medical conditions or allergies that Kalona Public Library should be aware of:

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**PERSONAL REFERENCE (not present employer or relative)**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

*To the best of my knowledge the above information is accurate and complete.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**PARENT/GUARDIAN PERMISSION**

I, \_\_\_\_\_, hereby acknowledge and give permission for  
(Print name of parent/legal guardian)

\_\_\_\_\_ to participate in the volunteer program at Kalona Public  
(Print name of youth volunteer)  
Library.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date