

Washington County Public Library – Teen Volunteer

Name: _____

Street Address: _____

City: _____ ST ____ Zip _____

Home phone: _____

Cell phone: _____ Parent's cell phone: _____

Your email address: _____

Parent's email address: _____

Date of birth: ____ / ____ / _____

Current grade (circle one): 6th 7th 8th 9th 10th 11th 12th

School name (circle one):

Damascus Middle

E.B. Stanley Middle

Glade Spring Middle

Wallace Middle

Abingdon High

Holston High

John S. Battle High

Patrick Henry High

Other: _____

Limited volunteer opportunities are also available at our Branch Libraries. If you would prefer to work at one of the Branches, please indicate which one:

Damascus

Hayters Gap Glade Spring

Mendota

Teens: Please read the following information and sign below -

The Washington County Public Library appreciates the help of all of our volunteers. While on the library premises, teens will abide by all of the rules of conduct governing staff and employees of the library in performing your services. As a volunteer, you acknowledge that you will perform your services in good faith and to the best of your ability. Either the teen volunteer or the library may terminate the volunteer arrangement for any reason.

Teen Volunteer Signature _____ Date _____