

**Teen Lounge Volunteer Application  
Wicomico Public Library**

Name (Last, First, Middle): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

In case of emergency, please notify: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Phone: \_\_\_\_\_

I would like to volunteer at the library because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Summer Volunteers will be required to attend an orientation meeting/training. Upon your hire, you will sign up for one of the scheduled dates:**

**Saturday May 23<sup>rd</sup> 10:30 – 11:30**

**Monday June 15<sup>th</sup> 6:30 – 7:30**

**Tuesday June 16<sup>th</sup> 2:00 – 3:00**

The information on this form is used for placement purposes only. Wicomico Public Library is an equal opportunity employer.

Applicant agrees to be committed and dependable. Volunteers are expected to show up on time and to call if they are unable to report for their shift. Volunteers should also notify their coordinator if they intend to take an extended leave or to end their term of service for the library. Applicant also agrees to participate in meetings and training sessions that are necessary for the position.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Library Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Upon your hire, you will receive additional information about your volunteer position. Please contact Kelly with any questions.

410-749-3612 x. 25 Children's Desk  
[kellyw@wicomico.org](mailto:kellyw@wicomico.org)