

**Marian Sutherland Kirby Library**  
**Junior Volunteer Application**  
**Ages 13-17**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_

EMERGENCY CONTACT (OTHER THAN PARENT)

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

REASON FOR VOLUNTEERING \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

LIST INTERESTS, SKILLS, EXPERIENCE \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

LIST A REFERENCE OTHER THAN A RELATIVE:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

TIME AVAILABLE: MORNING \_\_\_\_\_ AFTERNOON \_\_\_\_\_ EVENING \_\_\_\_\_

DAYS AVAILABLE \_\_\_\_\_

SATURDAY (Every other) \_\_\_\_\_ MORNING \_\_\_\_\_ AFTERNOON \_\_\_\_\_

REGULAR SHIFT \_\_\_\_\_

COMMUNITY HOURS ONLY \_\_\_\_\_ IF SO HOW MANY \_\_\_\_\_

*Continued on other side*

I AM INTERESTED IN HELPING WITH CHILDREN'S PROGRAMS Y\_\_ N\_\_

**THERE IS A 3 MONTH PROBATIONARY PERIOD FOR ALL VOLUNTEERS.**

**I UNDERSTAND THAT AS A VOLUNTEER OF THE M.S. KIRBY LIBRARY, I AM REQUIRED TO FOLLOW THE PROCEDURES AND POLICIES AS DIRECTED.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**I GIVE PERMISSION FOR MY CHILD TO VOLUNTEER AT THE M.S. KIRBY LIBRARY.**

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**FOR OFFICE USE ONLY**

TRAINING DATE \_\_\_\_\_

START DATE \_\_\_\_\_ SHIFT \_\_\_\_\_

EVALUATION: SATISFACTORY \_\_\_\_\_ UNSATISFACTORY \_\_\_\_\_

COMMENTS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE OF LAST SHIFT WORKED \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_