



314 Broadway  
South Haven, MI  
269.637.2403  
shml@shmlibrary.org

# Teen Volunteer Application

**Must be in grades 6th-12th to apply.**

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Teen Email: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Is there a specific number of hours you need to volunteer? If yes, how many? End date?

\_\_\_\_\_

Are you volunteering for a specific reason?

School    NHS    Scouts    Church    Other

Why do you want to volunteer at the library?

\_\_\_\_\_

\_\_\_\_\_

As a volunteer I promise to:

- Be polite and respectful of library patrons and staff
- Dress appropriately as a representative of the library
- I will show up when I say I will

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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



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## Teen Recommendation Form

As a teen volunteer, you will be required to get a recommendation from an adult that is not a family member.

Teen Name: \_\_\_\_\_ School: \_\_\_\_\_

Adult Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Adult Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Would you recommend this teen as a volunteer at South Haven Memorial Library?

Yes

No

Why would you recommend this teen as a volunteer?

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Signature \_\_\_\_\_ Date: \_\_\_\_\_