



West Lafayette Public Library
Teen Volunteer Application

Today's Date _____

Name _____

Address/City/ZIP _____

Phone _____ Email _____

Date of Birth _____ School _____

I hereby certify that I have answered truthfully and have not knowingly withheld any information relative to this application. I/we agree and understand that any misstatements or material omissions on the application will result in being eliminated from further consideration. I/we agree that I will work within the assigned areas of responsibility without any monetary compensation. I/we understand that the library relies on these volunteer duties and that this is a continuing commitment. I will follow the lawful directions of the assigned supervisor(s) and follow and be bound by Policies & Procedures of the West Lafayette Public Library to the same extent as paid employees.

Volunteer Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

Emergency Contacts – Please include phones for primary parent or legal guardian (1st call) and backup (2nd call).

Primary Adult (print name) _____ Relationship _____

Day phone _____ Evening phone _____

Backup Adult (print name) _____ Relationship _____

Day phone _____ Evening phone _____

Please contact Ashley Schoolman with any questions: aschoolman@wlaf.lib.in.us