

# TEEN VOLUNTEER APPLICATION



**Parkland**  
**Community Library**

CONNECT • DISCOVER • GROW

parklandlibrary.org | Phone: (610) 398-1361  
Fax: (610) 398-3538 | 4422 Walbert Avenue  
Allentown, PA 18104



Application Date: \_\_\_\_\_

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

\_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Have you worked at Parkland Library before? YES NO      Do you have a library card in your own name? YES NO

Library Card Number: \_\_\_\_\_

What kinds of tasks are you interested in performing at the library? Do you have any special skills?

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

Intern Signature: \_\_\_\_\_

I give permission for my son/daughter to be a teen intern: \_\_\_\_\_

Signature of parent/guardian

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## AVAILABILITY

Please note below the days and times that you are available to work:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Times						



INTERNAL USE ONLY

Date Contacted: \_\_\_\_\_ Initials: \_\_\_\_\_ Interview Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Training Date: \_\_\_\_\_ First Day of Work: \_\_\_\_\_

Schedule: \_\_\_\_\_