

# Youth Volunteer Application

Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
What is the best way to contact you? \_\_\_\_\_  
School: \_\_\_\_\_ Grade \_\_\_\_\_



Are you available: After School \_\_\_\_\_ Saturdays \_\_\_\_\_  
Why would you like to volunteer for the library?

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

Parent: \_\_\_\_\_

Emergency phone number: \_\_\_\_\_

I give my permission for \_\_\_\_\_ to volunteer at the library.

Parent's Signature: \_\_\_\_\_

## CONFIDENTIALITY AGREEMENT:

The Louisville Free Public Library will hold all personal information in strict confidence. Volunteer hours may be tracked and shared with the Library Foundation for donation requests with employers.

The Library reserves the right to screen and select volunteers based on aptitude and library needs, as well as to determine all volunteer placements and job assignments.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

