FERN RIDGE PUBLIC LIBRARY
88026 Territorial Road ◦ PO Box 397 ◦ Veneta, OR 97487
Phone 541.935.7512 ◦ Fax 541.935.8013
www.fernridgelibrary.org

Fern Ridge Library Teen Volunteer Program

(All applicants must be at least 12 years old)

Name: _____ Phone: _____

Address: _____

E-mail address: _____

In case of emergency, please notify:

Name: _____ phone: _____

Please answer the following questions:

1. Why would you like to volunteer at the library?

2. If you are volunteering to complete hours for community service or school or some type of volunteering commitment how many hours must you complete and by when?

3. What skills would you like to gain or improve from volunteering?

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4. Do you have reliable transportation to and from the library?

5. We ask all volunteers to commit to at least 3 months of volunteering. Is this something you feel you can do? Are you involved in other activities that may affect your volunteer schedule? If so, please explain.

6. What skills do you feel you can bring to the library volunteer program?

7. Last but not least, what is your favorite book?

Teen Signature: _____Date:_____

If under 18 a parent or guardian must sign and date here:

Signature: _____ Date: _____