



Teen Volunteer Application

Hurt/Battelle Memorial Library
614-879-8448

270 Lilly Chapel Road, West Jefferson, OH 43162



www.hbmlibrary.org

Contact Information	
Name	
Address	
Phone Number	
Email Address	
Grade	

I am interested in volunteering:

- During Summer Reading Only
- During the school year only
- Anytime I am needed

How would you like to be contacted:

- Phone Call
- Text
- Email

Please write the times you are available to volunteer

Monday	Thursday
Tuesday	Friday
Wednesday	Saturday

Teen volunteers agree to the following guidelines:

- *Be on time when scheduled to work
- *Call (614)879-8448 if you are unable to come in to work
- *Abide by the same dress code guidelines as if you are at school.
- *Be able to work independently with little or no supervision

It is our library's goal to make your volunteer experience a positive one. Letters documenting the number of hours spent volunteering can be sent to your school upon request.

I have read and agree to the above information:

Signature _____ Date _____

Parent Signature _____ Date _____