

# PORT ARTHUR PUBLIC LIBRARY

## Teen/Tween VOUNTEER APPLICATION

FULL NAME \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_  
NUMBER STREET CITY ZIP

Cell NUMBER \_\_\_\_\_ Social Web contact \_\_\_\_\_

Email \_\_\_\_\_  
NUMBER

School Attending & organization(s) Involvement: \_\_\_\_\_

SPECIALIZED SKILLS/ INTERESTS \_\_\_\_\_ Favorite READING material  
\_\_\_\_\_ COMPUTERS  
\_\_\_\_\_ CHILDREN  
\_\_\_\_\_ OTHER (electronic devices)

MAXIMUM HOURS YOU CAN VOLUNTEER PER WEEK OR MONTH \_\_\_\_\_

CHECK THE DAYS OF THE WEEK IN WHICH YOU ARE ABLE TO VOLUNTEER

<u>DAY</u>	<u>FROM</u>	<u>TO</u>
___ MONDAY	_____	_____
___ TUESDAY	_____	_____
___ WEDNESDAY	_____	_____
___ THURSDAY	_____	_____
___ FRIDAY	_____	_____

\*\* If you are available on Saturdays, let us know. Sometimes there are special programs scheduled.  
\_\_\_\_\_ AVAILABLE \_\_\_\_\_ UNAVAILABLE

TIMES WHICH YOU WOULD BE UNABLE TO VOLUNTEER  
(Please include vacations, prior commitments, etc. if known)

\_\_\_\_\_  
\*\*Upon your approval a schedule will be made from this.

### LIABILITY RELEASE

I understand that neither the Port Arthur Public Library nor the City of Port Arthur can be responsible for any accidents, injuries, etc., to me while I am performing my duties as a volunteer. All of the above statements are correct to the best of my knowledge.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Everyone can be great because anyone can serve. You don't have to have a college degree to serve. You don't even have to make your subject and your verb agree to serve... You only need a heart full of grace. A soul generated by love. — *Dr. Martin Luther King, Jr.*

Parent and/or Recommended Teacher Signature \_\_\_\_\_