

Volunteer Interest Form
Youth Services Department
North Riverside Public Library

This form must be completed in **full** by the volunteer applicant and parent / guardian **and** returned to the Youth Services Help Desk or email to teen@northriversidelibrary.org.

After review, we will contact you regarding our volunteer opportunities.

Full Name: _____

Age: _____ Grade: _____ School: _____

Mailing Address:

Email: _____ Phone: _____

Why are you interested in volunteering at the library?:

Will volunteering fulfill a **(check one)**: community service requirement /court ordered/other

If so, please describe in details:

How many hours do you need to complete?: _____

Will you need a confirmation of your volunteering hours? **(check one)**: yes no

If so, to whom should this be sent to?: _____

OR bring appropriate form to fill out by library staff member.

Applicant Signature _____

Parent/Guardian Signature _____ Date _____

Thank you for your interest!

05/08/2020