

**Fresno County Public Library
Youth / Short Term Volunteer Application**

Name _____

Address _____

City _____ State and Zip code _____

Telephone (Home) _____ Cell _____

E-mail _____

In case of emergency, contact:

Name	Telephone	Relationship
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Availability To Volunteer For Two or Three Hour Shifts

Days (please circle all that apply)	M	T	W	Th	F	S	Su
Times Mornings: _____							
Afternoons: _____							
Evenings: _____							

Library Location Desired _____

Are these hours for school, yes/no? Number of hours _____ **Deadline** _____

School you attend _____ **Grade** _____

Why did you choose to volunteer at the library? _____

What do you think you will learn from this volunteer opportunity? _____

Are you willing to volunteer again? Yes ___ **weekly** ___ **One-time events** ___ **No** ___

Signature of Applicant **Date**

Signature of Parent (required if under 14) **Date**

Interviewer **Date**