



Ventress Memorial Library  
15 Library Plaza, Marshfield, MA 02050  
Teen Volunteer Application

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Town, Zip: \_\_\_\_\_

Teen Phone Number: \_\_\_\_\_

Teen Email (please no school emails): \_\_\_\_\_

School : \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Contact Name (EC): \_\_\_\_\_ Relationship to you: \_\_\_\_\_

EC Phone: \_\_\_\_\_

EC Email: \_\_\_\_\_

Any other information we should know about you? Allergies, etc...

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What are your main volunteer interests? (i.e. shelving, program planning, social media, etc.):

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If my application is accepted, I agree to commit to a regular volunteer schedule and to abide by the Teen Volunteer Code of Conduct. I understand that if I cannot make an assigned volunteer day or time I will contact the library at (781) 834-5535. I also understand that if for any reason things do not work out, Ventress Memorial Library reserves the right to end this service.

Teen Volunteer Signature: \_\_\_\_\_

I understand that my child is interested in volunteering at the Ventress Memorial Library. They have my permission to participate in the Teen Volunteer program and Teen Zone events.

Parent/Guardian Signature: \_\_\_\_\_