Everett Public Libraries

Young Adult Volunteer Application

Please fill out both sides of this form. If you are under 18, you will need the signature of a parent or guardian to apply. If you are 18 years or older, please fill out an Adult Volunteer Application, as you will be required to submit a copy of your photo ID and a CORI/SORI Request Form.

Date: _____

Name: _____

Address: _____

Phone Number: _____ Age: _____

Email: _____

School Name: _____ Grade: _____

Skills: _____

Have you volunteered with the Everett Public Libraries before?

Yes **No** If so, when? _____

What term are you applying for? (circle all that apply)

Spring Semester (January-May) **Summer Break** (June-August) **Fall Semester** (September-December)

What programs are you interested in volunteering with? (circle all that apply)

Library Page (shelving & library projects) **Study Buddies** (tutoring grades K-8)

If you are interested in volunteering for a specific library event, please specify: _____

Which library are you interested in volunteering at? (circle all that apply)

Parlin Memorial Library **Shute Memorial Library**

Please add specific times that you are available to volunteer on the following days listed below:

Monday: _____ Thursday: _____

Tuesday: _____ Friday: _____

Wednesday: _____

Emergency Contact Information

In case of an emergency, please contact:

Name: _____ Relationship: _____

Primary Phone Number: _____ Alternate Phone: _____

Name: _____ Relationship: _____

Primary Phone Number: _____ Alternate Phone: _____

Signature of Parent or Guardian: _____