



Ventress Memorial Library
15 Library Plaza, Marshfield, MA 02050
Teen Volunteer Application (must be in grade 7-12)

Preferred Name: _____ **Birthdate:** _____

Address: _____ **Town, Zip:** _____

Phone (circle one): **Teen** **Cell** **Home** **Other** _____

Teen Email (please no school emails): _____

School : _____ **Grade:** _____

Emergency Contact (EC): _____ **Relationship:** _____

EC Phone (circle one): **Cell** **Home** **Work** _____

EC Email: _____ **Alt. Phone:** _____

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

Check all positions of interest:

_____ Youth Services: help with shelving, shelf-reading, and kids and tween program preparation

_____ Library Influencer: post book reviews on our teen blog, make Tik Tok videos, and more

_____ WaveMaker: help patrons use our Makerspace technology during drop-in hours (training required)

Times you are available to volunteer (write in at least 3 time ranges):

Monday	Tuesday	Wednesday
Thursday	Friday	Saturday

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: _____ **Date:** _____

I give my permission for my child to volunteer at the Ventress Memorial Library.

Parent/Guardian Name: _____ **Date:** _____

Parent/Guardian Signature: _____