The teen volunteer program is an opportunity for middle and high school students to engage with their community while earning service hours. If you're interested in volunteering at the library, please fill out the application and we'll contact you about volunteer options. Hours are given at the discretion of Library staff, and students must provide their own service hour paperwork when applicable.

Date of Rirth

Name:				Date of Birth:	
Address	:				
	Street				
	City		State		 c Code
Phone: ())		Email:		
Grade:_		School:			
Why do	you want to v	olunteer:			
Date ho	urs to be com	pleted by:	Number of hours nee	eded:	
Special	Skills/Interest	s:			
Availabi		•		teer times depend o	on staff availability)
	Morning	Afternoor	i Everiling		
	Monday	Tuesday W	/ednesday Thurs	sday Friday Satur	day
Emerger	ncy Contact: _				
		Name		Relationship	Phone
Applicant Signature:					Date:
•	, ,		nteer for the Wixo	om Public Library and	d to participate with the
Teen Vo	lunteer Coun	cil.			
Parent/Guardian Signature:				Date:	
STAFF U	SE				
Date red	ceived:		Date contacted	d:	
Assigne	ed to:				