



# MORTON GROVE PUBLIC LIBRARY

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## Teen Volunteer Application

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

Address: \_\_\_\_\_

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

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

Preferred method of contact:  Phone  Email

Are you at least 13 years old or in 7th grade or higher?  Yes  No

Grade in school: \_\_\_\_\_

Name of school: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Do you require any special accommodations?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

### Employment History

Have you previously volunteered at the library?  Yes  No

Other employment/volunteer experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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## Volunteer Interests

Please select any of the following skills, abilities, and interests that relate to you:

- Clerical tasks
- Working with books
- Video games
- Knowledge of foreign language
- Working with youth
- Working with the public
- Arts and crafts
- Basic computer skills
- Writing/Blogging
- Photography
- Technology
- Teaching/Tutoring

Other special interests, hobbies, skills, and abilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Language(s) you speak, read, or write: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Availability

How often would you like to volunteer?  One time  Ongoing

How many hours? \_\_\_\_\_

Which days/times are you available to volunteer? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return the completed application to the Info Desk or mail to:

Morton Grove Public Library  
 Attn: Teen Librarian  
 6140 Lincoln Avenue  
 Morton Grove, IL 60053  
 info@mgpl.org