



Carver County Library

Teen Volunteer Application Form

Note- please print neatly

Name: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: (_____) _____

Parent/Guardian Email: _____

Address: _____

City: _____ Zip: _____ Age: _____ Grade: _____

Email address: _____

Emergency contact name and phone if parent not available: _____

How many hours needed? _____ Are you interested in year round volunteering? _____

Circle the library where you'd like to volunteer:

Chanahssen Chaska Norwood Young America Victoria Waconia Watertown

Do you have transportation to and from the library? _____

Circle days available: Su M T W Th F Sa (Note- Sundays for Chanahssen only) Time/s: _____

List any other days or times you are not available. (Vacations, camp, activities, etc.):

Special qualifications and interests that apply to your volunteer work at the library:

This section must be completed with both signatures

Volunteer Signature

Date _____

Parent Signature

Date _____

Thank you for your interest. Please return to your library or mail to:

Volunteer Coordinator, Library Administration, Carver County Library, 4 City Hall Plaza, Chaska, MN 55318