



**VolunTeen Application**  
**Avon Lake Public Library**

**VolunTeen Info:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ School Name \_\_\_\_\_

**Parent/Guardian Info:**

Name \_\_\_\_\_

Phone \_\_\_\_\_

**Emergency Contact Info (if different than parent/guardian)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

**Parents: Please Read And Sign Below**

I give permission for my son/daughter to volunteer at the Avon Lake Public Library. I understand that my child should be picked up promptly (if necessary) when his/her volunteer time is over and that he/she will be expected to dress appropriately in a public place.

\_\_\_\_\_

\_\_\_\_\_

*Parent/Guardian Signature*

*Date*

For more information, call the Avon Lake Public Library at 440-933-8128