



Youth Volunteer Application

Full Name _____
Last First Middle

Address _____ Phone # _____
Street City Zip

Date of birth _____ Email address _____

Grade _____

Please check activities that would interest you: _____ shelving books
_____ preparing crafts
_____ other

What hobbies or activities do you enjoy? _____

Date available to start volunteering _____

Dates unavailable (vacation, camp, etc.) _____

Times able to volunteer: List **all** available times. A schedule will be made from this, with your approval. You may volunteer any time the library is staffed in your department.

DATE	BEGIN TIME	END TIME
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday (GML only)	_____	_____

PERSON TO CONTACT IN CASE OF EMERGENCY _____
Name

Phone number _____

To the best of my knowledge the above application is correct.

Signature _____

I have read this application and I give my child, _____ permission to serve as a volunteer at Fort Bend County Libraries.

Signature of Parent _____ Date _____