



Teen Volunteer Application
Avon Grove Library
117 Rosehill Avenue
West Grove, PA 19390

Date of Application: _____

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip _____

We communicate with our teen volunteers through email! An email address must be provided.

Emails may be personal, school, or the email of a parent

Email: _____

Daytime Phone: _____ Cell: _____

Previous Volunteer/Employment Experience:

Have you even been convicted of a crime (other than a minor traffic offense that resulted in a fine)? ____yes ____no

If yes, please explain: _____

Emergency Contact: Name: _____ Phone: _____ Relationship _____

Applicant's Signature: _____

Applicants under the age of 18
Must be signed by parent or guardian

_____ has my permission to work as a volunteer at the Avon Grove Library.

Signature: _____ Name (Print): _____

Relation to Applicant: _____ Phone: _____

Thank you so much for your interest in volunteering at Avon Grove Public Library!
We look forward to working alongside you in the near future. Please mail or drop this form off at your earliest convenience, and we'll be sure to add you right away!

Avon Grove Library is a member of the Chester County Library System