



**Rowan County Public
Library**
175 Beacon Hill Drive
Morehead, KY 40351
Phone 784-7137

**TEEN VOLUNTEER APPLICATION
(12-17 YEARS OLD)**

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Email address _____ Phone number _____

Emergency Contact _____ Phone _____

Have you volunteered at the library before? Yes ____ No ____

Do you have any special skills or hobbies that might be useful at the library? (previous library experience, arts/crafts, working with children, computer skills, acting, music, other)

What extracurricular activities are you involved in? _____

Please circle the days of the week and hours you can **commit** to volunteering:

M T W Th F Sat Sun 9 am-11am 12noon- 2pm 3 pm-6 pm 6pm-8pm

Release of Liability

To be signed by the volunteer **and also** the parent or legal guardian for volunteers age 12-17 years old. I understand that the library does not provide workman’s compensation, medical coverage, or liability for volunteers. I will not hold the library staff or board members responsibility for any physical or mental injury that may incur while on library property. I have medical coverage.

Volunteer signature

Parent signature

Date _____

Date _____

Please return this form to the Rowan County Public Library or mail to: Sandy Fleshman or Shane Dyer, Teen Volunteer Coordinators, RCPL, 175 Beacon Hill Drive, Morehead, KY 40351.