



# Thousand Oaks Library Teen Volunteer Program

Teens who are 14 or above and are interested in the Teen Volunteer Program should complete the teen application form below.

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Age: \_\_\_\_\_  
street  
\_\_\_\_\_ e-mail address: \_\_\_\_\_  
city state zip

School: \_\_\_\_\_

Interests and Hobbies: \_\_\_\_\_

\_\_\_\_\_

Work or Volunteer Experience: \_\_\_\_\_

\_\_\_\_\_

### In case of emergency, contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
street city zip code

Please write a brief statement about why you would like to belong to the Thousand Oaks Library Teen Volunteer Program.

\_\_\_\_\_  
\_\_\_\_\_

- If there are no opportunities for teens to volunteer on a regular basis, are you interested in volunteering for special events (generally on weekends)?  Yes  No

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**Teen Volunteer Agreement** *(to be completed after interview)*

- I agree to volunteer my services to the Thousand Oaks Library beginning: \_\_\_\_\_
- I understand that, as a member of the Teen Volunteer Program, I agree to work 3 hours per week.
- If I am unable to work my scheduled shift, I will find a replacement or call the supervisor or Volunteer Coordinator as soon as possible.

\_\_\_\_\_  
*Volunteer's Signature*

\_\_\_\_\_  
*Parent or Guardian's Signature (if volunteer is under age 16)*

**THOUSAND OAKS LIBRARY • [www.toaks.org/library](http://www.toaks.org/library)**

**Grant R. Brimhall Library**  
1401 East Janss Road • Thousand Oaks, CA 91362  
805-449-2660

**Newbury Park Branch**  
2331 Borchard Road • Newbury Park, CA 91320  
805-498-2139