



FLAGSTAFF CITY COCONINO COUNTY PUBLIC LIBRARY

3000 N Fourth St #5, Flagstaff, AZ 86004 (928) 213-2348

APPLICATION FOR YOUTH VOLUNTEERS

East Flagstaff Community Library

(Must be **16-17** years old)

Date: _____

Name: _____ Age: _____

Home Address: _____

Phone: _____

E-Mail: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone: _____ Work Phone: _____

I preferred to be contacted by Phone E-Mail

Thank you for your interest in volunteering at the Flagstaff Public Library. Our need for volunteers fluctuates, and submitting an application is not a guarantee of a volunteer position. If there is a volunteer opportunity available that fits your skillset and interests, a Library Staff Member will contact you.

Volunteers receive extensive training; for this reason, we ask volunteers to make a minimum commitment of one year. We may decline volunteers who are only temporarily available or whose hours do not align with standard business hours.

Do you have reliable transportation to and from the library to arrive on time for your shifts?

Do you require a certain amount of hours? (ex: 30 hours/ school year for National Honor Society)

Previous volunteer and work experience:

Talents or Interests:

Do you have any medical issues or other concerns that you want us to know about?

What days and hours are you available to volunteer? (Most volunteer opportunities are Monday – Friday, for 3-4 hours).

Why are you interested in volunteering at the library?

References (names and phone numbers -- required)

1. _____

2. _____

Applicant Signature

Parent/Guardian Signature