



Lompoc Public Library
Teen Volunteer Application
 14-17 years-old only

Name _____

Contact Phone _____

Address _____

City _____

Age _____

Why do you want to volunteer at the library?

At which library do you want to volunteer? (You can choose more than one.)

Lompoc Library Village Library Bookmobile

When are you available?

Morning Afternoon Evening

List days and times you will not be available

to volunteer:

Are you required to fulfill a specific number of volunteer hours for school? If yes, how many? ____

20 volunteer hours are required. Can you commit to this?

Yes No

Email (non-LUSD email)

Parental Consent

Parent/Guardian Name _____

Phone (Home) _____ (Work) _____ (Cell) _____

E-Mail (if checked regularly) _____

I give permission for my child _____ to be a teen volunteer for the Lompoc Public Library System. If accepted as a volunteer, I understand they will be provided with an orientation and training necessary for the safe and responsible performance of their duties and they will be expected to meet all the requirements of the position, including regular attendance and adherences to Lompoc Library's policies and procedures. I will support them by respecting their volunteer commitment and providing transportation if needed.

IN CASE OF EMERGENCY, please contact:

Name _____ Relationship _____ Phone _____

As part of their work, I understand my child may be photographed. I hereby grant the Lompoc Public Library System permission to use photographs, or statements made by them in any publicity or website with no compensation or liability thereof. I further understand that their name may or may not be displayed.

Signature _____ Date _____

Please return this completed form to:

Lompoc Public Library System 501 E North Ave Lompoc CA 93436