



LEXINGTON COUNTY  
Public Library

# JUNIOR VOLUNTEER APPLICATION

## APPLICANT INFORMATION

Legal Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## ADDITIONAL INFORMATION

Why are you interested in volunteering? What do you hope to gain from this experience?

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

How do you currently use the library? Do you have any experience with Youth Services?

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

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*Thank you for applying to be a Junior Volunteer!  
This application does not guarantee a position in the program. We strive to create a strong learning environment for all our volunteers and ensure they all receive the time and training needed to learn and grow in our program. If the term you applied for is full and you're interested in other semesters, please let us know below.*

Yes, please consider me for next semester       No, only this semester

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