



Josephine Community Library

VolunTEEN Application

Name:

Birthdate:

Email:

Phone:

In case of emergency, please notify:

Name:

Phone:

Name:

Phone:

Availability (may vary by branch):

Tuesday

Wednesday

Thursday

Friday

Saturday

Interests (art, books, computers, sports, etc.): _____

This volunteer is age 13-17 and has my permission to volunteer for the Josephine Community Library District.	
_____ Parent/Guardian signature	_____ Date

Contact volunteer manager at 541-476-0571 ext. 111 with any questions.