



# YELL: Youth Engaged in Library Leadership Teen Volunteer Application



1. Name: \_\_\_\_\_ 2. Age: \_\_\_\_\_

3. Address: \_\_\_\_\_

4. School Name: \_\_\_\_\_ What grade are you going into? 10 11 12

5. Phone: \_\_\_\_\_ 6. Email: \_\_\_\_\_

7. Why do you want to join YELL this summer? What are some experiences (from school, extracurricular, club, job, family, or other volunteering) that make you a good candidate for this opportunity?

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8. Tell us about a recent experience you've had at the Library.

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9. Which locations are good for you? Talk to the librarian, then rank location(s) that have meeting times you can make in order of preference:

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|----|---------------------------------|------------------------------------|--|--|--|------------------------------------|
| 9. | <b>Bayview</b><br>5075 Third St | <b>Chinatown</b><br>1135 Powell St | <b>Excelsior</b><br>4400 Mission St        | <b>Merced</b><br>155 Winston Dr          | <b>North Beach</b><br>850 Columbus Ave | <b>Parkside</b><br>1200 Taraval St |
|    | <b>Portola</b><br>380 Bacon St  | <b>Richmond</b><br>351 9th Ave     | <b>Visitacion Valley</b><br>201 Leland Ave | <b>Western Addition</b><br>1550 Scott St |  |                                    |

10. \_\_\_\_\_  
Applicant Signature Date

11. After your parent or guardian signs below, submit this application to your top-choice location.

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**REQUIRED: PARENT/GUARDIAN PERMISSION**

I give my child permission to be a YELL volunteer at the location(s) checked above.

\_\_\_\_\_  
Parental/Guardian Signature Phone (for emergency contact) Date

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**Staff:** Were you able to accept this YELL volunteer? If yes, save the application to your location folder.

*If no, please forward to another YELL library location, or return to Volunteer Services.*