

**YELL: Youth Engaged in Library Leadership
Teen Volunteer Application**

1. Name: _____ 2. Age: _____

3. Address: _____ 4. What grade are you going into? 10 11 12

5. Phone: _____ 6. Email: _____

7. Why do you want to join YELL this summer? _____

8. What skills will you contribute to your project team? Include extracurricular, school, club, job, family, or volunteer experiences that you feel have prepared you for this experience. _____

9. Tell us about your experiences at the Library and why you think libraries are important to teens. _____

I have spoken with the librarian at _____ (the location where I want to volunteer) and I am available at the dates/times the group will meet. During my interview, I will communicate any dates I must miss.

10. _____
Applicant Signature Date

REQUIRED: PARENT/GUARDIAN PERMISSION

I give my child permission to be a YELL volunteer at the location listed above.

Parental/Guardian Signature Phone (for emergency contact) Date

Staff Use:

Were you able to place this volunteer? If yes, your location: _____

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

Please keep the original of each **accepted** applicant's completed form and email a scan to volunteer@sfpl.org. You rule!