

# Azusa City Library

## Teen Volunteer Application

**Volunteer Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Phone Number:** \_\_\_\_\_

**Parent/Guardian Email:** \_\_\_\_\_

**Reason for Volunteering:** \_\_\_\_\_

\_\_\_\_\_

Write down the hours you are available to volunteer next to each day. If you are not available on a day, please leave the space blank.

Monday	Tuesday	Wednesday	Thursday	Friday

**Parent Signature:** \_\_\_\_\_



Azusa City Library  
729 N. Dalton Ave.  
Azusa, CA 91702  
(626) 812-5232