



**ALBANY**  
OREGON  
**PUBLIC LIBRARY**

## YOUTH VOLUNTEER REGISTRATION FORM

Students who have completed seventh grade are invited to become volunteers at the Albany Public Library. To become a volunteer, please fill out this form and turn it in at either Albany Public Library:

Main Library  
2450 14<sup>th</sup> Avenue SE  
Albany, OR 97322

Carnegie Library  
302 Ferry Street SW  
Albany, OR 97321

Name \_\_\_\_\_  
*Last First Middle*

Address \_\_\_\_\_  
*please include zip code*

Telephone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Date of birth \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
*during summer, list grade entering in fall*

**Note: You must have finished seventh grade in order to be a volunteer at the Albany Public Library.**

Parent or guardian to contact in case of emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
*please include zip code*

Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Do you have any health-related restrictions or physical limitations that might affect the work that you can do?  Yes  No

If yes, please explain: \_\_\_\_\_

I am interested in volunteering at the Albany Public Library. I understand that my attitude and attire at the Library should be professional. I will accept assignments and supervision courteously. I will be dependable and arrive on time.

\_\_\_\_\_  
Student Volunteer Signature Date

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