



**Charlotte's Web Bookmobile  
Teen Volunteer Application**  
14-17 years-old only

Name \_\_\_\_\_

Contact Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Age \_\_\_\_\_

Why do you want to volunteer with the bookmobile?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When are you available?

Morning Afternoon Evening

List days and times you will not be available  
to volunteer:

\_\_\_\_\_

Are you required to fulfill a specific number of  
volunteer hours for school? If yes, how many? \_\_\_\_

20 volunteer hours are required. Can you commit to  
this?

Yes No

Email (non-LUSD email)

\_\_\_\_\_

**Parental Consent**

Parent/Guardian Name \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail (if checked regularly) \_\_\_\_\_

I give permission for my child \_\_\_\_\_ to be a teen volunteer for the  
Lompoc Public Library System. If accepted as a volunteer, I understand they will be provided with an orientation  
and training necessary for the safe and responsible performance of their duties and they will be expected to meet  
all the requirements of the position, including regular attendance and adherences to Lompoc Library's policies and  
proce- dures. I will support them by respecting their volunteer commitment and providing transportation if needed.

**IN CASE OF EMERGENCY**, please contact:

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

As part of their work, I understand my child may be photographed. I hereby grant the Lompoc Public Library System  
permission to use photographs, or statements made by them in any publicity or website with no compensation or lia-  
bility thereof. I further understand that their name may or may not be displayed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this completed form to:

Lompoc Public Library System 501 E North Ave Lompoc CA 93436