



**Franklin Park Public Library District**  
**Young Adult Library Leaders: Teen Volunteer Application**

**What is the YALL?**

The Franklin Park Public Library Young Adult Library Leaders is a group of teen volunteers who are interested in making a difference at the Library. YALL membership is a commitment of time. Members will earn community service credit, gain valuable work experience and have a direct impact on the collection, programming, and services for the Franklin Park community. (Court ordered hours are not applicable)

**Qualifications:**

- Open to teens in grades 7-12.
- Must be willing to commit the required amount of time to complete assigned project(s).
- Must be interested in the Library.
- Must enjoy working in a team environment.
- Must adhere to the Library's policies and procedures.
- Must attend YALL meetings.

Meetings will be scheduled to discuss ideas on how to improve the library. If you are unable to attend the meetings, but still want your voice to be heard, please contact us at (847)455-6016 ext. 233 or email [ygrande@fppld.org](mailto:ygrande@fppld.org)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

What is the best way to contact you? Please circle one.

Home Phone                  Cell Phone                  Email

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

How many hours do you need to complete? \_\_\_\_\_

When does your service need to be completed? \_\_\_\_\_

Please describe the source of your requirement (honors society, scholarship, religious organization, etc.) \_\_\_\_\_

\_\_\_\_\_

Do you have any special skills or talents that would benefit the library? (technology knowledge, foreign language, etc.) \_\_\_\_\_

\_\_\_\_\_



**Franklin Park Public Library  
District Teen Volunteer  
Parental Consent Form**

Name of parent/guardian: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

**I give permission for my child, \_\_\_\_\_, to  
be a Teen Volunteer for the Franklin Park Public Library District.**

**If accepted as a volunteer, I understand my child will be provided with orientation and training necessary for the safe and responsible performance of his or her duties and will be expected to meet all requirements of the position, including adherence to Franklin Park Public Library District policies and procedures. I understand that some duties will be unsupervised, and I understand that my child will not receive monetary compensation for the services contributed.**

In case of emergency, please contact:

Name	Relationship	Phone
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this completed form to the Information Desk or scan and email it to [ygrande@fppld.org](mailto:ygrande@fppld.org)**