

Teen Volunteer Application

Name _____

Address _____

Phone # _____

Email address _____

Birth Date _____

Grade you just completed _____

School you attend _____

Why do you want to volunteer at the Library? _____

Do you like to work with small children? _____

Do you like to work with Senior Citizens? _____

Would you like to help with special programs? _____

When are you available to work? Put the time in the box.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Person to contact in case of an emergency:

Name _____ **Phone #** _____

Please give us the name and phone number of two (2) references:

1. _____

2. _____

Teen Volunteer signature

Date

I am aware that my child will be volunteering at the Gloucester Library.

Parent signature (if under 18 years old)
