

Spring 2019 Teen Volunteer Application

Date _____ Name _____

Address _____

City _____ Zip _____

Application Deadline: January 7th

Home Phone _____ Cell Phone _____

E-Mail _____ Date of Birth _____

Gender Male Female School _____ Grade _____

Have you volunteered before? _____ If so, where? _____

What did you do? _____

Please list any interests, hobbies, clubs, activities, or special skills. _____

Why do you want to volunteer at the library? _____

Where did you learn about our volunteer program? _____

Write in the hours you are available on each weekday, then underline the shift you would most prefer:

Day	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Morning							
Afternoon							
evening							

If I am selected as a Teen Volunteer, I will abide by the rules of Manhattan Public Library and the Teen Volunteer Program. I understand that I am offering to volunteer free of charge.

Volunteer Signature _____ Date _____

Parent Signature _____ Date _____