

Poughkeepsie Public Library District

Adriance Memorial Library

Youth Services

(845) 485-3445 x3320

Teen Homework Tutor Volunteer Application

(Age 13 – 18)

Name _____ Date _____

Phone # _____ School _____ Age _____

Please mark the days & times that you can volunteer for:

	Monday	Tuesday	Wednesday	Thursday	Friday
3:30 - 4 pm					
4-4:30 pm					
4:30 - 5 pm					
5 - 5:30 pm					
5:30 - 6 pm					
6 - 6:30 pm					
6:30 - 7 pm					

I hereby apply for the position of Teen Homework Tutor. I understand that if I am accepted, I will be expected to volunteer during the days and hours when I elected to be present. If I am unable to volunteer as scheduled, I will call Youth Services at 485-3445- x3320.

Applicant's signature _____

Parental Consent

I give permission for my child to volunteer at the Adriance Memorial Library as a Special Events Volunteer.

Parent/Guardian Signature _____ Date _____

Emergency Contact Information

Emergency Contact _____ Relationship to Volunteer _____ Home

Phone _____ Cell Phone _____

Return completed applications to the Children's Room, 2nd floor