

Teen Room Volunteer Application

(Age 13 – 18)

Name _____ Date _____

Phone # _____ School _____ Age _____

Email Address _____

Mailing Address _____

Special hobbies or interests _____

Why do you want to volunteer? _____

Please indicate which afternoon you can volunteer. Pick one. Times and dates can be changed.

	Monday	Tuesday	Wednesday	Thursday	Friday
Pick Time:					
PM					
PM					

- I hereby apply for work as a volunteer this summer. I understand that if I am accepted, I will be expected to work when I am scheduled.
- If I am unable to work as scheduled, I will call Teen & Youth Services at (845) 485-3445, extension 3320, or Rose Lovell at (845) 485-3445, extension 3405.

Applicant's Signature _____

Parental Consent

I give permission for my child to volunteer at the Adriance Memorial Library as a Teen Media Lab Volunteer.

Parent/Guardian Signature _____ Date _____

Emergency Contact Information

Emergency Contact _____ Relationship to Volunteer _____

Home Phone _____ Cell Phone _____

Return completed applications to the Checkout Desk at Boardman Road Branch Library.