

Adriance Memorial Library
Teen Room Volunteer Application (Age 13 – 18)
Angela Panzer (845) 485-3445 x3309

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
2 - 3 PM					
3 - 4 PM					
4 - 5 PM					

- I hereby apply for work as a volunteer. 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 Angela Panzer at (845) 485-3445, extension 3309.

Applicant's Signature: _____

Parental Consent

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

Parent/Guardian Signature: _____ Date: _____

Emergency Contact Information

Emergency Contact: _____ Relationship to Volunteer: _____

Home Phone: _____ Cell Phone: _____

Return completed application to the Teen Room, or Children's Room Desk at Adriance Memorial Library.

To be completed by librarian:

Received the Sexual Harassment Questionnaire _____
date *initials*