

Poughkeepsie Public Library District

Adriance Memorial Library

Youth Services, (845) 485-3445 x3320

# Teen Homework Helper Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ School \_\_\_\_\_ Age & Grade \_\_\_\_\_

Street address \_\_\_\_\_

Email \_\_\_\_\_

Special hobbies or interests \_\_\_\_\_

Why do you want to volunteer? \_\_\_\_\_

### Mark the days & times that you can volunteer:

Please note that your schedule will be created from the days and times that you list here and your final schedule will be emailed to you

Time slot	Monday	Tuesday	Wednesday	Thursday
3:00 - 4:00pm				
4:00 - 5:00pm				
5:00 - 6:00pm				
6:00 - 7:00pm				

I hereby apply for the position of Teen Homework Helper. I understand that if I am accepted, I will be expected to volunteer during the days and hours I listed above. If I am unable to volunteer as scheduled, I will call Youth Services at 845-485-3445 x3320.

Applicant's signature \_\_\_\_\_

Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

### Emergency Contact Information

Name \_\_\_\_\_ Relationship to Volunteer \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Return completed applications to the Children's Room, 2<sup>nd</sup> floor