



TEEN VOLUNTEER APPLICATION

Instructions: Please complete this application and return it to the Library District’s Administrative Office, (93 Market Street, Poughkeepsie, NY 12601) or to administration@poklib.org. Your completed application will be reviewed by staff, and you will be contacted to determine how you can volunteer with us. **The Library District reserves the right to decline applications for school service hours if the application is filed after January 1.**

Name: _____ Age/Grade: _____
 Phone: _____ School: _____
 Home Address: _____
 Personal (non-school) Email: _____
 Special Hobbies or Interests: _____

Indicate the days and times that you can volunteer

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

Time Slot	Mon	Tue	Wed	Thu
3:00 – 4:00pm				
4:00 – 5:00pm				
5:00 – 6:00pm				
6:00 – 7:00pm				

Time Slot	Sat
9:00 – 11:00am	
11:00am – 1:00pm	
1:00 – 3:00pm	
3:00 – 5:00pm	

I prefer to volunteer at Adriance Memorial Library
 Boardman Road Branch Library
 Sadie Peterson Delaney African Roots Branch Library

Are you bi-lingual? Yes No
 If Yes, which languages? Spanish Mandarin Arabic Bangla Other: _____

Do you wish to receive school/community service credit for your volunteer hours? Yes No
 If Yes, how many hours do you need? _____

By what date do you need to complete your volunteer hours? _____

How would you like to volunteer (check all that apply):
 Teen Homework Helper Helping with Programs/Events

I hereby apply for a Teen Volunteer appointment and understand that if I am accepted I will be expected to volunteer during the days and hours listed about. If I am unable to volunteer as scheduled, I will call my volunteer supervisor as soon as possible.

Applicant Signature: _____ Date: _____

Guardian’s Signature: _____ Date: _____

Emergency Contact Information

Name: _____ Relationship: _____
 Email: _____ Cell Phone: _____