

THE WAGNALLS MEMORIAL TEEN VOLUNTEER APPLICATION FORM

All teens (ages 13-17) must submit two reference letters from non-family members before volunteering.

TODAY'S DATE:

YOUR NAME:

YOUR AGE:

PARENT/GUARDIAN NAME:

PARENT/GUARDIAN EMAIL ADDRESS:

NAME AND PHONE NUMBER OF PERSON DROPPING YOU OFF/PICKING YOU UP (IF NOT DRIVING):

YOUR ADDRESS:

YOUR HOME PHONE AND/OR CELL PHONE:

YOUR EMAIL ADDRESS:

SPECIAL SKILLS OR INTERESTS:

GRADE AND SCHOOL CURRENTLY ATTENDING:

WORKING FOR SERVICE HOURS?

IF YES, HOURS NEEDED: _____

REGULAR SCHEDULE OR OCCASIONAL VOLUNTEER? ☐ REGULAR ☐ OCCASIONAL

IF REGULAR, WHAT HOURS/DAYS ARE YOU AVAILABLE TO VOLUNTEER DURING REGULAR LIBRARY HOURS?

HOURS/DAYS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	SATURDAY
MORNING					
AFTERNOON					
EVENING	N/A		N/A		N/A

I AM UNAVAILABLE DURING THE FOLLOWING MONTHS: _____

I WOULD LIKE TO:

_____ Assist with shelving, pulling holds, reading shelves, etc. in the library

_____ Assist with programs such as the summer reading program

_____ Assist with cleaning and dusting

_____ Other (please specify) _____

11/14/2023