

TEEN VOLUNTEER APPLICATION

Any individual, without regard to race, creed, sex, age, income level, physical disability, and national origin, is eligible to be considered for participation in volunteer activities at the library and to have his/her application reviewed for an appropriate job assignment.

Name:		Parent/G	uardian Na	me(s):					
Mailing Address:									
Phone Numbers: (H):	none Numbers: (H):			(C):			Email:		
Grade:			Age:			School:			
Why do you want to volunteer at the	e library?								
What do you like to do in your spare	time?								
Work Experience (paid or volunteer)	:								
When are you available to volunteer? (Days and Times)	M:	T:	١	N:	Th:	F:	S:		
Please list two references. Students counselor, minister or employer.	under the	e age of 18 a			se as a ref	erence at le	east one teacher,		
Name:			Nam						
Address:			Addı	ress:					
Phone:			Phor						
Relationship				tionship					
to Applicant:			to A	pplicant					
Submitting an application does not g library's needs matched with the cand selection process. Incomplete applicate opportunity available at the time your interview and reference check will be be kept on file for one year from date	lidate's q tions will r applicat required	ualifications not be cons ion is subm	s to meet t idered for itted, you v	hose req review. I will be co	uirements f there is o ontacted b	s as determi n suitable vo y the Library	ned during the Dlunteer Y Director. An		
Applicant's Signature				Date					
 Parent/Guardian's Signature (if under			 Date	 Date					

Questions? Call the J. Robert Jamerson Memorial Library at 434-352-5340.