

Wallingford Public Library Teen Volunteer Application Form

Name _____ Home Phone _____

Address _____

School and Grade _____

Birth Date _____

Emergency Contact _____

Give two personal references we could call and talk to about your abilities (teachers, counselors, or other adults not related to you.)

Name	Position	Phone
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Name	Position	Phone
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Have you ever volunteered before? Y N If yes, where?

Why do you want to volunteer at the Library?

When are you available during the following times: 2:30-5:00 pm M-F and/or Summer

Please list any interests, activities, or special skills that might be related to library volunteer work

Are you required to fulfill a specific number of volunteer hours? Y N For what reason? _____

How many hours? _____ When must they be completed? _____

Are you willing and able to make a commitment to your volunteer assignment, once a schedule has been set up? Y N

Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

(required if teen is under age 18)

**Return application to:
Wallingford Public Library
Attn: Jean Kobrin
200 North Main St.
Wallingford, CT 06492**

Questions? Call Jean Kobrin, 203-265-6754