

# Teen Volunteer Application

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Library Card Number: \_\_\_\_\_ (Must be Scotch Plains or  
Fanwood Cardholder) Emergency Contact: \_\_\_\_\_

**Volunteer Duties:** Please note slots as a weekly volunteer are not guaranteed and are assigned on a first come, first served basis.

\_\_\_\_\_ I would like to be an "As-Needed" volunteer (flexible schedule, craft preparation, program help, etc.)

\_\_\_\_\_ I would like to be a weekly volunteer (requires a commitment of one day a week). Please specify which type of weekly volunteer you would like to be below.

\_\_\_\_\_ I would like to shelve (put returned materials back on the shelves)

\_\_\_\_\_ I would like to shelf read (make sure books are in order)

## **Which days are you available to volunteer?**

Monday    Tuesday    Weds.    Thursday    Friday    Saturday    Sunday

## **What Time of the day are you available to volunteer?**

Morning    Afternoon    Evening    Night    Other: \_\_\_\_\_

## **Please Explain why you would like to volunteer:**

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**Volunteer Agreement:**

I \_\_\_\_\_, agree to follow all volunteer procedures and to do my duties to the best of my ability, with the understanding that failure to do so may lead to termination from the volunteer program.

Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_