

East Greenbush Community Library

School Year VolunTeen Application

VolunTeen Information

Name: _____ Age: _____

School: _____ Grade: _____

E-mail Address: _____ Phone Number: _____

Preferred method of contact: E-mail / Phone (circle one)

Emergency Contact Information (parent/guardian)

Full Name: _____ Relationship: _____ Phone: _____

Why do you want/need to be a VolunTeen?

(e.g. PIG class, National Honor Society, college application/resume builder)

How often do you want/need to volunteer?

Total Hours: _____ *OR* Hours per week [ongoing]: _____

Availability (i.e. what days/hours would you like to work?)

Monday _____ Thursday _____

Tuesday _____ Friday _____

Wednesday _____ Saturday _____

Have you been an East Greenbush Library VolunTeen before? YES / NO (circle one)

VolunTeen Signature: _____ **Date:** _____

