

# VolunTEEN Application

Name: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Age: \_\_\_\_\_  
Birthday: \_\_\_\_\_  
Grade: \_\_\_\_\_

Please identify previous experience, employment or educational experience you feel is relevant to volunteering with the Thorold Public Library.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Telephone Number of Two (2) References.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate your availability for Volunteer Work.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

## Parent/Legal Guardian Information

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Relationship to Teen (Mom, Dad, Grandmother, Uncle, etc.): \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Teen Applicant Signature: \_\_\_\_\_

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

