

Spring Green Community Library Youth Volunteer Application

Full Name: _____

Volunteer Information:

Home Address	
City, State, ZIP Code	
Best Phone # To Reach You	
Alternate Phone #	
E-mail Address	
School	
Grade	
Age	
Parent/Guardian's Name(s)	

Person to Notify in Case of Emergency:

Name:	Relation to You:
Home Phone #:	Work Phone #:

Availability and Interests:

___ Monday Afternoons

___ Monday Evenings

___ Wednesday Mornings

___ Wednesday Afternoons

___ Friday Mornings

___ Friday Afternoons

Tell us in which areas you are interested in volunteering:

___ Shelving

___ Craft Projects

___ Program Aid

___ Miscellaneous

Previous Work/Volunteer Experience:

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Parent/Guardian Permission

_____ **Has my permission to volunteer at the Spring Green Community Library.**

(Name of Volunteer)

(Signature of Parent/Guardian)

Date _____