

New Brunswick Free Public Library

Teen Volunteer Application

(please type or print clearly in ink)

Name _____

Address _____ City _____ Zip _____

Best phone # to be reached at _____

Email _____

Birth date _____ School _____ Grade _____

Please indicate in the boxes what hours you will be able to volunteer. You are more than welcome to work multiple shifts each day if you know you will be available those times. Shifts will be issued on a first come first serve basis, and only six volunteers will be allowed for any given time slot:

	Mon	Tues	Wed	Thurs
10am-12pm				
12pm-2pm				
2pm-4pm				
4pm-6pm				
	Fri	Sat	Notes:	
10am-12pm				
12pm-2pm				
2pm-4pm				

How many hours each week are you looking to volunteer? _____

References: Name, Address, and Telephone Numbers. List 3 (non-related)

1. _____

2. _____

3. _____

Additional comments, language abilities, qualifications: _____

I certify that the information set forth in this application is true and complete to the best of my knowledge.

Date _____ Signature _____

Date _____ Parent/Guardian's Signature _____