Goodnow Teen Volunteer Fall Application (Must be returned by Friday, September 9, 2016)



Personal Information				
Name:				
Address:				
Email:	Phone:			
Most communication will be done via email. Please check your email regularly.				
Birth Date: (you r	must be at least 13 years old to volunteer)	Grade:		
School:				
Additional Information				
Describe any previous volunteer experience you have had:				
Describe any paid work experience you have had:				
Please list any experience you've had with children:				
What extra-curricular activities do you enjoy?				
What else will you be doing this spring?				
Why do you want to volunteer at the library?				

Availability du	ring the School Year:			
Please indicate ti	he hours that you are availabl	e during these times; example: 2-	4 pm in afternoon slot on Monday	
	Morning	Afternoon	Evening	
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Interviews and				
		to being accepted as a meml nail to set up an interview tim		
	you are a new or returning vo	•		
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Training is MAN	DATORY for all new volunte	ers helping in the Children's	Room. Please indicate	
		school so that we can sched		
Emergency Co	entact and Signature			
	t in case of an emergency:	Polationship:		
Contact Name:		•	Alternate Phone #:	
FIIONE #		Allemale Phone #: _		
Your Signature:			Date: / /	
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Parent/Guardian	Signature:		Date: / /	