Goodnow Teen Volunteer Fall Application (Must be returned by Friday, September 15, 2017)



Personal Information				
Name:				
Address:				
	Phone:			
Most communication will be done via email. Please check your email regularly.				
Birth Date: (you r	nust 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 dur	ing the School Year:				
		e during these times; example: 2-4	pm in afternoon slot on Monday		
	Morning	Afternoon	Evening		
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
	•	•			
Interviews and	Training				
All new voluntee	rs will be interviewed prior	to being accepted as a memb	er of the Goodnow Teen		
Volunteer Team.	We will contact you via em	ail to set up an interview time	e.		
Please indicate if	you are a new or returning vo	lunteer: New	Returning		
Training is MANI	DATORY for all new volunte	ers helping in the Children's	Room. Please indicate		
		school so that we can schedu			
,					
Emergency Co	ntact and Signature				
Person to contact	in case of an emergency:				
Contact Name:		Relationship:	Relationship:		
Phone #:		Alternate Phone #:			
Vour Signature:			_ Date: / /		
. oai oigilataio					
Parent/Guardian S	Signature:		_ Date: / /		