Goodnow Teen Volunteer Fall Application (Must be returned by Friday, September 12, 2014)



| Personal Information | | | | | | | |
|---|---------------------------------------|---------------------------|--|--|--|--|--|
| Name: | | | | | | | |
| Address: | | | | | | | |
| Email: | Phone: | | | | | | |
| **Most communication will be done via email. Please check your email regularly.** | | | | | | | |
| Birth Date: (you must be | e at least 13 years old to volunteer) | Grade entering fall 2014: | | | | | |
| 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? | | | | | | | |

| activities do you enjoy? | |
|--|--|
| What else will you be doing this fall? | |
| Why do you want to volunteer at the library? | |

Availability during the School Year:

Please indicate the hours that you are available 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 <u>new</u> volunteers will be interviewed prior to being accepted as a member of the Goodnow Teen Volunteer Team. We will contact you via email to set up an interview time. | | | | | | | |
| Please indicate if you are a new or returning voluntee | | er: New | <pre>/ Returning</pre> | | | | |
| Training is MANDATORY for all <u>new</u> volunteers helping in the Children's Room. Please check off which trainings you can attend and you will be contacted with a time slot. | | | | | | | |
| Saturday, September 13: Saturday, September 20: | | | | | | | |
| Emergency Contact and Signature | | | | | | | |
| Person to contact in case of an emergency: | | | | | | | |
| Contact Name: | | Relationship: | | | | | |
| Phone #: | | Alternate Pho | one #: | | | | |
| Your Signature: | | | C | Date: / / | | | |
| Parent/Guardian Signature: _ | | | D | Date: / / | | | |