## **Goodnow Teen Volunteer** Winter/Spring Application (Must be returned by Friday, January 24, 2020)



Personal Information					
Name:					
Address:					
Email:	nail: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 fall?					
Why do you want to volunteer at the library?					

Availability duri	ing the School Year:				
Please indicate the	e 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 volunteers</u> 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 volunteer: New Returning					
Training is MANDATORY for all <u>new</u> volunteers helping in the Children's Room. Please indicate					
your availability over the next few weeks that we can schedule a training time:					
<b>Emergency Cor</b>	ntact and Signature				
Person to contact	in case of an emergency:				
Contact Name		Dolotionohina			
Contact Name:		Relationship:	· · · · · · · · · · · · · · · · · · ·		
Phone #:		Alternate Phone #:	Alternate Phone #:		
Your Signature:			Date: / /		

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_/ \_\_/ \_\_\_