

# Goodnow Teen Volunteer Fall Application

(Must be returned by Friday, August 27, 2021)



## Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\*Most communication will be done via email. Please check your email regularly.\*\***

Birth Date: \_\_\_\_\_ (you 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 fall?	
Why do you want to volunteer at the library? Include any school requirements including # of hours needed.	

### 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 **new** 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 volunteer:                      New \_\_\_\_\_                      Returning \_\_\_\_\_

Training is **MANDATORY** for all **new** volunteers helping in the Children's Room. Please indicate your availability over the first few weeks of school so that we can schedule a training time:

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### Emergency Contact and Signature

Person to contact in case of an emergency:

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_ / \_\_ / \_\_\_\_

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