

Bryan Public Library: Teen Volunteer Application

Thank you for completing this application form and for your interest in volunteering with us!

Contact Information:

Name			
Street			
City, State, Zip			
Email address			

Home phone		Cell phone	
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Availability: During which summer hours are you available?

	Weekday mornings		Weekend mornings
	Weekday afternoons		Weekend afternoons
	Weekday evenings		Weekend evenings

Volunteer interests: What kinds of volunteer jobs interest you?

	Shelving/process discards		Puppetry
	Shelf reading		Musician
	Craft preparation		Drama Performer
	Storytime helper		"sales" for SRC
	Photographer		Newsletters/flyers
	Event helper		Volunteer Coordinator
	Game/toy maintenance		Other:

Previous Volunteer Experience:

Special skills and qualifications you have acquired from employment, previous volunteer work, other activities, hobbies or sports:

Person to notify in case of emergency:

Name	
Street	
City, State, Zip	
Email address	

Home phone		Cell phone	
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Parental or Guardian Permission:

I give my child permission to volunteer at the Bryan Public Library.

Print name: _____

Signature: _____

Date: _____

Teen Agreement and Signature:

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may disqualify me from volunteer work.

Print name: _____

Signature: _____

Date: _____