

Russell Library
Teen Volunteer Application
(7th – 12th grades)
SUMMER 2018

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email _____ School / Grade _____

Phone: _____

Contact (in case of emergency) _____ Phone _____

Dietary Restrictions/ Allergies:

Interests and hobbies that may be applicable to library tasks:

Why do you want to volunteer at the library?

Is this for community service? Please circle: Yes No

If yes, how many hours? _____ By what date? ____/____/____

Please write in time(s) you are available:

Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____ Saturdays: _____

How many hrs per week would you like to volunteer? Max: 12 per week and 3 per day* _____

Approximately how long are you willing to volunteer?

Summer

School Year

_____ 3 months _____ 9 months _____ not sure, but less than a year

_____ 6 months _____ 1 year _____ not sure, but probably more than a year

Please circle which Teen Volunteer Orientation you can attend: Tuesday, June 5 from 5 to 7 pm Saturday, June 9 from 11 to 1 pm OR Tuesday, June 12 from 5 to 7 pm

Signature: _____ Date _____

*unless approved by Teen Librarian, it may not be possible to fulfill all community services hours at the library.

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