

**Russell Library
Teen Volunteer Application
7th – 12th grades (ages 12-18)**

Name: _____ Age _____ Gr. _____ School _____
(Min. 12- Max. 18) (7th-12th)

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Dietary Restrictions/ Allergies:

Please share why you would like to volunteer at the library?

Is this for community service? Please circle: Yes No

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

Approximately how long are you willing to volunteer?

*A commitment of at least 6 hours is required.

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 write in time(s) you are available:

Monday: _____ Tuesday: _____ Wednesday: _____
Thursday: _____ Friday: _____ Saturdays: _____

Please share any interest or hobbies:

Please Circle one:

1. Are you comfortable working with children? YES NO
2. Are you comfortable working in groups or solo? GROUPS SOLO BOTH
3. Are you comfortable talking to small groups? YES NO
4. Are you comfortable reading out loud? YES NO

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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