

TEEN VOLUNTEER APPLICATION

SOUTH COUNTRY LIBRARY ♦ BELLPORT, NY 11713

Date _____
Name _____ Phone _____
Address _____
Town _____ ZIP _____ Grade _____
Name of School _____ Email _____

1. Reason for wanting to volunteer (circle and/or fill-in)

REQUIREMENT for: **Honor Society** **High School** **Religion** **Other** _____

Hours of service needed _____ Date needed by _____

PERSONAL ENRICHMENT for: **Work experience** **Career exploration** **Other** _____

OTHER REASONS _____

2. Previous or current employment positions:

Name of Employer	Position	# of hours worked per week
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_____	_____	_____
_____	_____	_____
_____	_____	_____

3. If you speak or read another language, please list:

4. References: a teacher or employer, but not a relative

Reference Name _____ Occupation _____

Phone # _____ Years Known _____

Reference Name _____ Occupation _____

Phone # _____ Years Known _____

Reference Name _____ Occupation _____

Phone # _____ Years Known _____

5. Emergency contact: Name _____ Phone _____

Relationship _____

Training and Commitment to Service

I understand that volunteering at the South Country Library represents a serious commitment and that some volunteer programs may require attendance at a training session. I am prepared to commit to working a mutually agreed upon schedule and to give advanced notice should I be unable to attend my session.

Applicant's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

Please call or visit the Young Adult Services Desk for more information.

South Country Library

22 Station Road, Bellport, NY 11713 631-286-0818 ext.235 www.sctylib.org