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
   __________________________________________________
   __________________________________________________
   __________________________________________________

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