

LUCY ROBBINS WELLES LIBRARY

TEEN VOLUNTEER APPLICATION FORM

Students in high school are eligible for the Teen Volunteering Network

First Name: _____ Last Name: _____

Birthday: Month: _____ Day: _____ Year: _____

Contact Phone Number: _____

Street Address: _____ City & Zip Code: _____

Email: _____ **(Required)**

Emergency: Contact Name _____ Phone Number: _____

High School (College): _____ Current Grade: _____ Year of HS Graduation: _____

Have you volunteered before? Yes No

If yes, where? _____

Please check off what volunteer work you would like to do at the Lucy Robbins Welles Library:

I would like to volunteer for both

- Friends of the Library - I will be helping with book sorting, book sales, large events hosted by the Friends, etc.
- Library programs - I will be helping library staff with programs for children and/or adults.

I would like to volunteer for ONLY the Friends of the Library.

I would like to volunteer for ONLY library programs.

I hereby apply for work as a teen volunteer at the Lucy Robbins Welles Library. I certify that all answers contained in this application are true and complete to the best of my knowledge. I understand that if I am accepted, I will be expected to show up for work when I am scheduled.

Teen Volunteer Signature: _____ Date: _____

Parental Permission

If you are under 16 years of age, please have a parent/legal guardian sign the following permission form:

I _____, parent/legal guardian, grant permission for

_____ to volunteer at the Lucy Robbins Welles Library.

Parent or Legal Guardian Signature: _____ Date: _____

In case of emergency - Phone Number: _____

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<http://www.newingtonct.gov/library>