East Greenbush Community Library
School Year VolunTeen Application

VolunTeens shelve books, prep craft materials for programs, and help with general cleaning up around the Children’s Room. Shifts are typically 1-2 hours after school.

VolunTeen Information

Name: ___________________________________________ Age: _________
School: ___________________________________________ Grade: _________
E-mail Address: ___________________________________ Phone Number: ______________

Preferred method of contact:   E-mail / Phone   (circle one)

Emergency Contact Information (parent/guardian)

Full Name: ______________________________ Relationship: ___________ Phone: ______________

Why do you want/need to be a VolunTeen?
(e.g. PIG class, National Honor Society, college application/resume builder)

__________________________________________________________________________________

How often do you want/need to volunteer?

Total Hours: _________   *OR*   Hours per week [ongoing]: _________

Availability (i.e. what days/hours would you like to work?)

Monday _________        Thursday _________
Tuesday _________        Friday _________
Wednesday _________     Saturday _________

Have you been an East Greenbush Library VolunTeen before?   YES / NO   (circle one)

VolunTeen Signature: __________________________________ Date: ________________