

# Monroe Township Library Teen Volunteer Application

PLEASE PRINT

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

In case of emergency please contact:

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Telephone: \_\_\_\_\_

Parent or guardian telephone numbers (if different from above)

\_\_\_\_\_

\_\_\_\_\_

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The Library counts on our volunteers to be here-- on time -- and for the committed length of time. Teen volunteers are asked to work a minimum of at least one hour a week but not more than two hours at a time.

The Library's hours are:

Monday - Thursday 9:30 a.m. - 9:00 p.m.

Friday - 9:30 a.m. - 5 p.m.

Saturday 10:00 a.m. - 5:00 p.m.

Sunday (September - May) 1:00 p.m. - 5:00 p.m.

Please let us know the days and times you are available and would like to volunteer:

Days: Mon Tue Wed Thu Fri Sat Sun

Time(s): \_\_\_\_\_

Is there anything else we should know about scheduling?

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Your signature: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Please return this application to the Circulation Desk at the Library.