

Wellington Public Library Teen Volunteer Application

Name: _____ Age: _____

Address: _____

Telephone Number: _____

Email Address: _____

Name of Parent or Guardian: _____

Daytime number for Parent or Guardian: _____

Why are you interested in volunteering for the library?

What would make you an awesome volunteer (what skills would you like to use)?

Date available to start: _____

Days or dates you are unable to work:

Applicant Signature: _____

Date: _____

Parent or Guardian Signature: _____