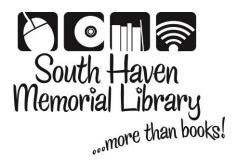




## Teen Volunteer Application

Must be in grades 6th-12th to apply.

Name:				Hom	Home Phone: ()			
Address:_				Cell Phone:()				
City:			Zip:		Date of Birth:/			
Teen Email:		School:			Grade:			
			urs you need					
		ng for a speci						
School	NHS	Scouts	Church	Other				
Why do yo	ou want to	o volunteer a	t the library?					
-Dress ap	and respondant	ectful of libra	ry patrons and sentative of th					
Signature	!				Date:			
Parent/Gu	uardian Si	gnature						



314 Broadway South Haven, MI 269.637.2403 shml@shmlibrary.org

## Teen Recommendation Form

As a teen volunteer, you will be required to get a recommendation from an adult that is not a family member.

Teen Name:	School:
Adult Name:	Grade:
Adult Phone: ()	Email:
Would you recommend this teen as a volunte	er at South Haven Memorial Library?
Yes	No
Why would you recommend this teen as a vol	lunteer?
Signature	Date: