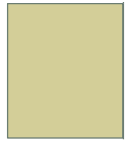


GRANBY FREE PUBLIC LIBRARY

297 EAST STATE STREET, GRANBY, MA 01033



Teen Volunteer Application

Date: _____

Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Age: _____

Do you have a library card: Y / N

Do you know how to use the library online catalog? Y / N

Please list any special skills or interests that might be useful in the library:

Please list any allergies or health concerns:

Emergency Contact: _____

Relationship to volunteer (parent, guardian, etc.):

Home /Cell Phone: _____ Work Phone: _____

Why would you like to volunteer in the library?

I have read the Teen Volunteer Policy and agree to abide by it.

Signature of Volunteer: _____ Date: _____

I have read the Teen Volunteer Policy and give my consent for my child to participate.

Signature of Parent or Guardian: _____ Date: _____