



7 Bona Ventura Avenue, Wallkill, NY 12589 / (845) 895-3707 / www.wallkillpubliclibrary.org

TEEN VOLUNTEER APPLICATION

(ages 12 – 18)

FOR

SCHOOL YEAR _____ Approx. Dates _____

SUMMER _____ Approx. Dates _____

Name _____ Age _____

School Name _____

Address _____

Phone _____ Email _____

Parent/Guardian Name _____

Parent/Guardian Phone _____

Parent/Guardian Email _____

****PARENT/GUARDIAN WILL BE LISTED AS THE EMERGENCY CONTACT****

Volunteer hours needed for _____

By (date) _____ # of hours needed _____

AVAILABILITY *(please circle; times are approximate)*

MONDAY	10a-1p	12p-4p	4p-6p
TUESDAY	10a-1p	12p-4p	4p-8p
WEDNESDAY	10a-1p	12p-4p	4p-8p
THURSDAY	10a-1p	12p-4p	4p-8p
FRIDAY	10a-1p	12p-4p	4p-6p
SATURDAY	10a-2p		

****PARENT/GUARDIAN PLEASE READ AND SIGN****

I give permission for my child to volunteer at the Wallkill Public Library. I understand that I must provide transportation for my child to and from volunteer event(s). If there are any questions, please contact Michelle Greco at the number above or at mgreco@rcls.org. Thank you!

Parent/Guardian
Signature _____ **Date** _____