

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

**PROSSER PUBLIC LIBRARY**

1 TUNXIS AVENUE

BLOOMFIELD, CT 06002

860-243-9721

**VOLUNTEER APPLICATION – CHILDREN/TEEN DEPARTMENT**

*Please note: Due to a high volume of requests, volunteer hours are not guaranteed*

Name \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ Phone (best number to reach you) \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency contact/Parent: \_\_\_\_\_ Phone \_\_\_\_\_

What brought you here: \_\_\_ school \_\_\_ library staff \_\_\_ Website \_\_\_ other: \_\_\_\_\_

If school, what class? \_\_\_\_\_ Teacher: \_\_\_\_\_

**School Name** \_\_\_\_\_ (Grade) \_\_\_\_\_

What is your availability (days/times)? \_\_\_\_\_

**How many hours are needed/desired?** \_\_\_\_\_

What are some of your hobbies/interests/etc. \_\_\_\_\_

**Do your hours need to be completed by a certain time?** \_\_\_no \_\_\_ yes, by: \_\_\_\_\_

\_\_\_ **I am interested in the Library's Teen Advisory Group** (*please check if interested*)

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Received by: Library Staff Initial \_\_\_\_\_

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

**LIBRARY USE:**

**Volunteer Name :** \_\_\_\_\_

| Date | Hours | Time In: | Time out: | Job Performed | Approved by |
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