

Dunellen Public Library Teen Volunteer Application

Name: _____ Age: _____

Address: _____

Email: _____ Phone: _____

School: _____ Grade: _____

Bilingual? Yes _____ No _____ Language: _____

Availability (Please enter the hours next to each day you are available)

Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____ Saturday: _____

Are you interested in volunteering long term or to complete community service?

If for community service, what organization is this for and how many hours?

In what time frame are you looking to complete your community service? _____

Are you comfortable helping patrons with minor computer troubleshooting and printing?

Yes ___ No ___

Why do you want to volunteer at the Dunellen Public Library?

Signature

Date