Batavia Public Library Teen Volunteer Application 2019-2020 School Year

(Please print)

Date	
Name	
Address	
City	Telephone
E-Mail Address	
Grade	Age
Birth date	
School	
Parents' Names	
Name (s) and telephone number(s) of I	Person(s) to contact in case of emergency
Name	Telephone
Name	Telephone
Have you ever volunteered or worked	for pay before? Yes No
If yes, what did you do?	

Why do you want to work as a teen volunteer at the Batavia Library? Please write your response here:

Volunteers will be regularly scheduled to work one hour a week. Please indicate which times you would prefe You may select more than one time or date but please mark your preferred day and time with an asterisk (*). Evening hours are only available on Thursdays.	r.
Please do not sign up if you cannot commit to volunteering on a consistent basis (allowing for predetermined times off, like vacation or special events, of course).	

•	

Days and times available to volunteer: Check all that apply.

	3:00-4:00	4:00-5:00	Between 5:00-9:00	Other one hour slots
				(Please list times)
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
If you have any spe	ecial scheduling	nrohlems or nee	eds, please tell us here.	
ir you have any spe		problems of fice	ous, preuse ten us nere.	
Teen volunteers are is in accordance wi	-	de by the rules	of the Library and to condu	act themselves in a manner which
is in accordance wi	ui uiese tuies.			
TD XX 1	• .		D /	
Teen Volunteer's s	ignature		Date	
Parent's signature			Date	

Please return your completed application to the Reference desk