



2018 Summer Vol-teen Application

(Please print legibly)

Name: _____ Age: _____

Full mailing address: _____

Cell phone number: _____

Mother's name and phone number: _____

Father's name and phone number: _____

E-mail address: _____

Name of school currently attending: _____

Last grade attended: _____

School activities/interests: _____

Have you volunteered at the library before? _____

See Back

Dates you will be away this summer for vacations, camps, etc. _____

Days and times you are available (Rank your top three choices in order):

Monday _____ 10-12 _____ 12-2 _____ 2-4 _____ 4-6 _____ 6:00-8:00

Tuesday _____ 10-12 _____ 12-2 _____ 2-4 _____ 4-6

Wednesday _____ 10-12 _____ 12-2 _____ 2-4 _____ 4-6

Thursday _____ 10-12 _____ 12-2 _____ 2-4 _____ 4-6 _____ 6:00-8:00

Saturday _____ 12-2 _____ 2-4

Number of total hours you desire to work during Summer Reading: _____