



Teen Volunteer Application

4015 Dickey Rd
 Gibsonia PA 15044
 724-449-2665
 northerntierlibrary.org

Name	
Street Address	
City, State, Zip	
Home Phone	Cell Phone
E-Mail Address	Birth Date (optional)
Best way to contact me	Best time to contact me
Emergency Contact	Emergency Phone

<p>What school are you attending? _____</p> <p>What grade are you currently in? _____</p> <p>Is this required community service for school or other? _____</p> <p>If yes, why? _____</p> <p>Will you need written verification for community service? _____</p> <p>If yes, when? _____</p>	<p>What is your availability?</p> <table border="1"> <thead> <tr> <th>Day</th> <th>Time</th> </tr> </thead> <tbody> <tr> <td>Monday</td> <td></td> </tr> <tr> <td>Tuesday</td> <td></td> </tr> <tr> <td>Wednesday</td> <td></td> </tr> <tr> <td>Thursday</td> <td></td> </tr> <tr> <td>Friday</td> <td></td> </tr> <tr> <td>Saturday</td> <td></td> </tr> </tbody> </table>	Day	Time	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
Day	Time														
Monday															
Tuesday															
Wednesday															
Thursday															
Friday															
Saturday															

PERMISSION from parent or guardian REQUIRED for youth under the age of 18:

_____ has my permission to volunteer at the Northern Tier Regional Library

Youth's Name

Age of Youth

Signature of Parent or Guardian

Date

As a volunteer I agree:

To regard my assignment as a serious commitment, respect confidentiality and abide by the policies of the Northern Tier Regional Library. I also agree to maintain communication with the supervisor regarding my assignment and request clarification when necessary.

Volunteer's Signature

Date