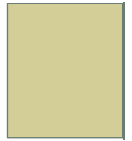


## GRANBY FREE PUBLIC LIBRARY

297 EAST STATE STREET, GRANBY, MA 01033



### Teen Volunteer Application

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

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Age: \_\_\_\_\_

Do you have a library card: Y / N

Do you know how to use the library online catalog? Y / N

Please list any special skills or interests that might be useful in the library:

\_\_\_\_\_

Please list any allergies or health concerns:

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to volunteer (parent, guardian, etc.):

\_\_\_\_\_

Home /Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Why would you like to volunteer in the library?

\_\_\_\_\_

I have read the Teen Volunteer Policy and agree to abide by it.

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

I have read the Teen Volunteer Policy and give my consent for my child to participate.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_