



Teen Volunteer Form

Name: _____ Phone Number: _____ Address: _____ Email Address: _____
Emergency contact name: _____ Relationship: _____ Phone number: _____ Do you have any serious health concerns or allergies we should be aware of? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please let us know what it is and what we can do for you: _____ _____
School you will be attending in September: _____ Grade you will be starting in September: _____
Why do you want to volunteer here? _____ _____
Days and times you are available to volunteer: _____ _____
We have two library locations. One is in Trenton and the other is in Frankford. Is there one location would you prefer to volunteer at?
Please check the volunteer projects you would be interested in: ___ Be a part of Teen Techs. Teens explaining how to complete simple tasks with a tablet, phone, or laptop to seniors. (Tasks like adding a contact, copy and pasting, or sending a picture.) ___ Help prep for kids' programs ___ Help set up and run kid's programs: ___ during the summer, ___ during March Break, ___ during the school year ___ Shelf read (checking the shelves to make sure the books are in the correct order)

Signature of volunteer _____ Date _____

Signature of parent or guardian _____ Date _____