



Bethel Public Library

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189 Greenwood Avenue • Bethel, CT 06801 • (203) 794-8756 •

www.bethellibrary.org

TEEN VOLUNTEER APPLICATION: GRADES 7-12

NAME (PRINT): _____

AGE: _____ GRADE: _____

EMAIL: _____

SCHOOL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PRIMARY PHONE NUMBER: _____

KNOWN ALLERGIES: _____

I want to volunteer because...

I need _____ volunteer hours as a school requirement to be completed by _____ (date)

Other: _____

EMERGENCY CONTACT INFORMATION:

(1) PARENT/GUARDIAN NAME: _____

(1) PRIMARY CONTACT NUMBER: _____

(2) PARENT/GUARDIAN NAME: _____

(2) PRIMARY CONTACT NUMBER: _____

I have read the Bethel Public Library Volunteer Policy and Guidelines and agree to follow the policy and guidelines as required.

(Name)

(Date)

(Volunteer Signature)

FOR STAFF USE ONLY

Date Received: _____

Date Interviewed: _____

Start Date: _____

(Staff signature)

(Date)