

TEEN VOLUNTEER APPLICATION

Name			_ Date
Address			
City	_Zip		_Phone#
Are you at least 14 years old?	Yes □	No □	
Is a group or organization spon list name of organization:	soring yo	our volun	teer service? If so, please
Name and phone # of your grou	up or orga	anization	's coordinator or advisor:
If sponsored by a group or orga week are required?	anization,	how man	ny volunteer hours per

Previous volunteer and/or paid employment experience:

Employer	Dates employed (or volunteered)	Duties

Special interests/skills/hobbies:						
I prefer volunt	teering: mo	orning	afternoon	even	ning	
On: Mon	Tues	Wed	Thurs	Fri	Sat	
Why are you i	nterested in	volunteerin	g at the library	y?		

Please list a minimum of three Professional or Personal References

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Name	Address & Telephone	Number of Years Known

I hereby declare that the information provided by me in this application for volunteer service is true, correct and complete to the best of my knowledge.

Applicant signature

Date

Parent or Guardian signature

Date

Please return to:

Lynn Mercer, Human Resources, 220 N. 5th Street, Zanesville, OH 43701 or drop off at any MCLS location. Applications may also be faxed to 740-455-6937 or emailed to lynnm@muskingumlibrary.org

Please do not write in this space. For library use only.