



Riverfront Library VolunTeen Application Teens 12-19

Please and return to the third floor Reference Desk

Name: _____ Date: _____

Home Phone Number: _____

Cell Phone Number: _____

Email: _____

School: _____

Grade: _____

Extra-curricular activities: _____

Why are you interested in volunteering at the library?

_____ School community service _____ Give back to community _____ Court Appointed

_____ Build new skills

Computer Skills:

What skills do you think would be helpful during your time as a VolunTeen?

What time during the week are you available?

_____ Monday afternoon _____ Tuesday afternoon _____ Wednesday afternoon

_____ Thursday afternoon _____ Friday afternoon _____ Saturday afternoon