## TEEN VOLUNTEER APPLICATION



## Ohoopee Regional Library System

Library you want to volu	nteer at	
Name		
Age		
Address		
Telephone	Email	
<b>Emergency Contact Nan</b>	ne	
Relationship	Telephone	
Health Concerns/Allergi	es	
as needed):	not be available to volunteer (this can be update	<u></u>
complete the following Name: Address Telephone	 Email	
How do you know the a	nnlicant?	

**Scheduling:** When are you available to work? Please check any or all the shifts below that you would be available to work: <u>Please note that these are not necessarily the shifts you will be working. We need to know when you are available so that we can create a schedule.</u>

Monday	9am -12pm	Thursday	9am – 12pm
	12pm – 3pm		12pm – 3pm
	3pm – 6pm		3pm – 6pm
Tuesday	9am – 12pm	Friday	9am – 12pm
	12pm – 3pm		12pm – 2:45pm
	3pm – 6pm		
Wednesday 9am – 12pm		Saturday	10am – 2pm
	12pm – 2:45pm		
I understa	nd and agree to abide by t	he attached Volur	nteer Guidelines.
Signature:		Date:	