

TEEN VOLUNTEER APPLICATION (ages 13-17)
ONONDAGA COUNTY PUBLIC LIBRARY

Name _____
Complete Address _____

School _____

Date _____
Phone # _____
Birth Date _____
Grade _____

Volunteer experience:

List where you volunteered and what your duties were.

Please list two individuals we may contact for reference, for example, a teacher, school librarian, scout leader, parent whose children you babysat:

Name _____ Phone # _____

Address _____

Name _____ Phone # _____

Address _____

Check your special skills and areas of interest, for example:

- | | | |
|------------------------------------------|------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> computers | <input type="checkbox"/> reading to younger children | <input type="checkbox"/> other (specify) |
| <input type="checkbox"/> arts and crafts | <input type="checkbox"/> sorting and lifting | _____ |
| <input type="checkbox"/> yard work | <input type="checkbox"/> telephoning | |

When can you volunteer?

Time of day: _____ to _____

How often?

- every day
 3 times per week
 2 times per week
 once per week
 other (specify)

Which days?

- Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday

Where can you volunteer?

- | | |
|------------------------------------|--------------------------------|
| <input type="checkbox"/> Central | <input type="checkbox"/> Petit |
| <input type="checkbox"/> Beauchamp | <input type="checkbox"/> Soule |
| <input type="checkbox"/> Betts | <input type="checkbox"/> White |
| <input type="checkbox"/> Mundy | <input type="checkbox"/> NECC |
| <input type="checkbox"/> Paine | <input type="checkbox"/> SWCC |

OCPL appreciates your willingness to volunteer, but, unfortunately we cannot accommodate all applicants. Please feel free to call the Volunteer Coordinator, 435-1805, to check on the status of your application.