

Pennsauken Free Public Library

5605 N Crescent Blvd., Pennsauken, NJ 08110
Phone (856)665-5959 Fax (856)486-0142 www.pwnnsaukenlibrary.org

Date: _____

Teen

VOLUNTEER Application

I. Personal Information (print legibly)

Name _____ Age _____ Birth Date _____
last first middle initial month/date/year

Address _____

Phone # _____ E-mail _____

High School _____ Grade Level _____

II. Emergency Contact Information

Parent/Guardian _____ Phone # _____

Address _____

III. Questions & Answers (answer in complete sentences)

1. How did you learn about this position?

2. Why do you want to become a **Teen Volunteer**?

3. What do you feel are your strengths and weaknesses as a worker?

4. What do you imagine yourself doing as a volunteer?

5. Have you ever worked in a library before (if yes, explain)?

6. What is your favorite thing about the Pennsauken Free Public Library?

7. Who/what is your favorite author/book (explain why)?

IV. Availability

Check the days you can volunteer:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Write the hours you are available: _____ to _____

How often would you like to volunteer? _____ weekly _____ monthly _____ summer

How many hours do you need to fulfill? _____

Do you have any health restrictions? _____ No _____ Yes

If yes, please describe _____

Are you interested in becoming a **Jr. Library Page** in the future (part-time paid position)? _____

► Thank you for applying! After your application is reviewed, you will be contacted by telephone and scheduled a meeting & interview at the library.

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App received:	App completed:	Applicant called:	Interview date:
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	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
available						

Y___ N___ H___ Staff Signature _____ Date _____