

EASTERN LANCASTER COUNTY LIBRARY 2019 SUMMER TEEN VOLUNTEER APPLICATION

Name (Last)	(First)	(Middle Initial)	Home Telephone
Address (Mailing Address)	(City)	(Zip)	Mobile Telephone
Age	Grade During 2018-2019– <i>Note: Priority is given to students in 9-12th grade</i>		
E-Mail Address	Emergency Contact Name & Number		

In the event we need to contact you about your shift can we text you?

Yes. I can send and receive text messages. Use this number _____.

No. Please do not text me. Instead, call me at _____.

- The volunteer schedule will be chosen based on seniority and how well you read and follow the directions on this form.
- Weekly volunteers assist with shelving books, cleaning, craft preparation, shelf reading and other duties as assigned.
- **Please indicate your 1st, 2nd and 3rd choices of shifts below.**
Cross out any shifts you are unable to work.

<input type="checkbox"/> Mondays 10:30am-Noon	<input type="checkbox"/> Mondays 3pm-4pm	<input type="checkbox"/> Mondays 6pm-8pm
<input type="checkbox"/> Tuesdays 10:30am-Noon	<input type="checkbox"/> Tuesdays 3pm-4pm	
<input type="checkbox"/> Wednesdays 10:30am-Noon	<input type="checkbox"/> Wednesdays 3pm-4pm	<input type="checkbox"/> Wednesdays 6pm-8pm
<input type="checkbox"/> Thursdays 10:30am-Noon	<input type="checkbox"/> Thursdays 3pm-4pm	<input type="checkbox"/> Thursdays 6pm-8pm
<input type="checkbox"/> Fridays 10:30am-Noon	<input type="checkbox"/> Fridays 3pm-4pm	
<input type="checkbox"/> Saturdays 10:30am-Noon	<input type="checkbox"/> Saturdays 3pm-4pm	

Please contact me to help with special events. YES NO

Signature of Applicant _____ Date _____

Signature of Parent or Guardian _____ Date _____