

Teen Volunteer Application
Thomas Crane Public Library, Quincy MA

First Name: _____ Last Name: _____

Address: _____

City, State and Zip Code: _____

Phone: _____ Email: _____

Languages you speak fluently (other than English): _____

Languages you read fluently (other than English): _____

Age: _____ School Name: _____ Grade Completed: _____

Volunteer/Work Experience, if any

Where, how long and what did you do?

Personal/Volunteer/Work References *(two people who are not relatives)*

Name	Relationship	Daytime Phone #
1. _____	_____	_____
2. _____	_____	_____

Emergency Contact Information

Name: _____ Phone: _____

I understand the responsibilities, duties, and work schedule of this position. I am offering my services as a volunteer.

Signature of Applicant: _____ Date: _____

Parental Permission

If you are under 18, please have a parent/legal guardian sign the following permission form:

I (print) _____, parent/legal guardian, grant permission for
(print) _____ to volunteer at the Thomas Crane Public Library.

Parent/Guardian Signature: _____ Date: _____