

KILLINGLY PUBLIC LIBRARY YOUTH VOLUNTEER APPLICATION (UNDER 18) PRINT CLEARLY

TODAY'S DATE:	FIRST AND LAST NAME:	ADDRESS:
BEST CONTACT NUMBER:	LEGAL GUARDIAN'S NAME AND CONTACT:	LEGAL GUARDIAN'S EMAIL:
EMERGENCY CONTACT NAME:	EMERGENCY CONTACT NUMBER:	APPLICANT'S EMAIL:

PLEASE CHECK BELOW WHICH DAYS & TIMES YOU ARE AVAILABLE TO VOLUNTEER

DAYS/TIMES AVAILABLE	MON	TUES	WED	THURS	FRI	SAT
Morning (10-Noon)						
Afternoon (Noon-2)						
Afternoon (2-4)						
Evening (4-6:30)						

Tell us which library jobs you're interested in.	I would like to help with... (Mark with "X")
CRAFT PREP	
EVENT HELP	
SHELF READING	
LIGHT CLEANING	

DATE: _____

RECEIVED: _____