

**Ventress Memorial Library
Young Adult Volunteer Application**

Volunteer Name: _____

Street Address: _____

Town and Zip: _____

Phone Number: _____

School: _____ Grade: _____

Date of Birth: _____ Date I wish to start: _____

In Case of Emergency, whom should we call? _____

Relationship to volunteer: _____

Home: _____ Cell: _____

Work: _____

Any other information we should know about you? Allergies, etc...

Please indicate your goal:

___ To volunteer in the Ventress Memorial Library (VML) for 1-2hrs each week.

___ To join the VML Teen Advisory Group (TAG).

___ To fulfill a school requirement. How many hours are required? _____

When do they need completed by? _____

Please list times you are available to volunteer (list three times & indicate 1st, 2nd & 3rd choices)

Monday	Tuesday	Wednesday
Thursday	Friday	Saturday

I have read these duties and, if my application is accepted, I agree to help the library in whatever needs to be done. I understand that if I cannot make an assigned volunteer day or time I will contact the library at (781) 834-5535. I also understand that if for any reason things do not work out, the librarian reserves the right to end this service.

Signed: _____

I understand that my child is interested in volunteering at the Ventress Memorial Library. He/She has my permission to participate in the above events.

Signed: _____