

APPLICATION TO BECOME A TEEN VOLUNTEER
AT THE HENRIETTA PUBLIC LIBRARY

Name _____ Date _____

ADDRESS _____

PHONE # _____ AGE _____

SCHOOL _____ # Community Service Hours Needed _____

EMAIL (PLEASE PRINT) _____

TIMES AVAILABLE _____

INTERESTS _____

WHAT DO YOU WANT TO GAIN FROM VOLUNTEERING AT
THE HENRIETTA PUBLIC LIBRARY? _____