
YOUTH VOLUNTEER APPLICATION

NAME: _____ PHONE: _____

ADDRESS: _____

EMAIL: _____

PREFERRED CONTACT METHOD: Phone Text Email

DATE: _____

REASON FOR APPLYING: _____

IF YOU ARE VOLUNTEERING FOR A REQUIREMENT:

- WHAT IS THE NUMBER OF HOURS YOU NEED? _____
- WHEN DO YOU NEED TO BE FINISHED? _____
- WHERE ELSE WILL YOU BE VOLUNTEERING? _____

WHY ARE YOU INTERESTED IN VOLUNTEERING AT THE LIBRARY?

HAVE YOU EVER VOLUNTEERED IN A LIBRARY? IF YES, WHAT DID YOU DO THERE?

DAYS AND HOURS YOU WOULD LIKE TO VOLUNTEER: _____

WHAT IS YOUR WORK/VOLUNTEER EXPERIENCE (IF ANY): _____

EDUCATION (LAST GRADE COMPLETED, PLEASE): _____

WHAT SCHOOL ARE YOU ATTENDING? _____

***IF YOUR APPLICATION IS APPROVED, YOU WILL BE CONTACTED WHEN VOLUNTEER WORK IS AVAILABLE.**
PLEASE RETURN THIS FORM TO THE PATTERSON LIBRARY LOCATED AT 1167 RTE 311 PATTERSON, NY 12563 , MAIL TO THE PATTERSON LIBRARY AT PO BOX 418 PATTERSON, NY 12563, OR EMAIL TO THE YOUTH SERVICE COORDINATOR AT YSC@PATTERSONLIBRARY.ORG