



TEEN COMMUNITY SERVICE APPLICATION

(GRADES 6-12)

(Please Print)

Name _____ Today's Date _____

Address _____ Phone _____

Email Address _____ DOB _____

(Most opportunities will be communicated by email; be sure address is legible)

Parent Name _____ Phone _____

Current Age _____ Grade in school _____ Working Papers# (ages 14-17) _____

Reason(s) for volunteering: _____

Number of hours needed _____ when do those hours need to be completed? _____

Are there any limitation on activities? (Physical limitations) Yes/NO _____

If yes explain _____

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(Tear off and keep the bottom portion)

Thank you for submitting a Volunteer Application. Gail Perillo, the volunteer coordinator, will email you a list of volunteer opportunities when she receives this application. If you do not hear from her, please email her at gperillo@mahopaclibrary.org to let her know that you did fill out a volunteer application but did not get an email.