

ELMWOOD PARK PUBLIC LIBRARY
Juvenile Volunteer Application (7th grade - High School)

CONTACT INFORMATION

NAME	
ADDRESS	
CITY, STATE, ZIP	
HOME PHONE	
CELL PHONE	

AVAILABILITY

During which hours are you available for volunteer assignments?

Weekday mornings	Saturday mornings
Weekday afternoons	Saturday afternoons
Weekday evenings	Sunday afternoons
How many hours per week are you available? (minimum of 1 hour per week)	
When would you be available to begin?	

Restrictions that might affect your availability for volunteer work (family, school activities, extracurricular activities, physical limitations, etc.):

Are you volunteering for Service Hours? (Circle one) YES NO

If yes, how many hours do you need? _____

 Your Signature

 DATE

Please PRINT your parents' name:

 I give my permission for my child to volunteer at the Elmwood Park Public Library:

 SIGNATURE OF PARENT / LEGAL GUARDIAN

 DATE