

West Nyack Free Library

65 Strawtown Road West Nyack, New York 10994-1898 | (845)358-6081 www.westnyacklib.org

Teen Volunteer Application

| Name: | | | | | |
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| Address: | | | | | |
| Stree | t | C | City | | |
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| State | | Zip Code | | | |
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| Home Phone: ()_ | Ce | ell Phone: (|) | | |
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| Email Address | | | _ | | |
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| School | | | | | |
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| Age: | | | | | |
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| I have working pape | rs (circle one) | yes | | no | |
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| Reason for Voluntee | ering (circle one) y Service) School (| (Communit | v Service) | Other | |
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| Emergency Contact | (other than above) | | | | |
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| Name | Phon | ne | | | |
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| Parental Consent to | Volunteer | | | | |
| | | | | | |
| Signature | | | | | |
| | | | | | |
| Printed Name | | | | | |
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| Date | | _ | | | |