

DATE _____

Somers Library SUMMER TEEN Volunteer Application

The Somers Library

914-232-5717

www.somerslibrary.org

The Somers Library recognizes the valuable skills and talents volunteers bring to the library. The information on this form will help us find the most appropriate volunteer position for you. You will be contacted for an interview and assignment. Please return this application to Tara Ferretti, Young Adult Librarian (tferretti@wlsmail.org)

Contact Information:

Name: _____ Grade: _____

Address: _____

Phone: _____ Cell Phone: _____ School _____

EMAIL: _____ Your Best Method of Contact ___ Phone ___ Email

NOTE: Your name and contact information will be placed on a Sub-List. Other volunteers may contact you to get coverage for their time slot.

Emergency Contact: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Volunteer Information:

- Why do you WANT / NEED to be a Volunteer at the Somers Library? (e.g. HNHS, religious requirements, college resume, etc.)? _____
 - How many hours do you WANT / NEED? Total Hours: _____
- Do you want to volunteer at the Somers Library on a regular basis?
 - Weekly / Bi-monthly / monthly? _____

Availability:

What DAYS / HOURS would you like to work?

Mon	Tues	Wed	Thurs	Fri	Sat

Agreement & Signature:

By submitting this application, I affirm that the facts set forth are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions or other misrepresentations made by me on this application may result in immediate dismissal. By signing below, I am also acknowledging that I have received, read and understand **The Somers Library Volunteers Expectations, Rules & Regulations** form.

Signature: _____ Date: _____