



# Teen Volunteer Application

Manitowoc Public Library | 707 Quay St., Manitowoc WI 54220

Volunteer Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Volunteer Email: \_\_\_\_\_ Volunteer Phone: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

Volunteer Grade in Fall (must be 6th grade or higher): \_\_\_\_\_

FOR PARENTS/GUARDIANS of volunteers under age 18: Please review this application with your child. Read and sign below: *My child has my permission to volunteer for Manitowoc Public Library; we have reviewed the selected dates together.*

**PARENT/GUARDIAN** signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VOLUNTEER** signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please check one box: I DO \_\_\_\_ or DO NOT \_\_\_\_ give permission for Manitowoc Public Library to include my child in photographs of library activities in print or digital promotions.

Volunteers are needed to assist with Summer Reading Program sign-up, prizes, etc.

**Please check the appropriate boxes for any days & times you are available to volunteer, as well as any special events you would be available for.**

**9:30-11:30AM**

**12-2PM**

**10AM-12PM**

**12-2PM**

<b>Monday</b>		
<b>Tuesday</b>		
<b>Wednesday</b>		
<b>Thursday</b>		
<b>Friday</b>		

<b>Saturday</b>		
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