

BERTHOUD COMMUNITY LIBRARY
SUMMER READING APPLICATION

VOLUNTEER APPLICATION
(FOR AGES 12-17 ONLY)

Name: _____ Date: _____

Address: _____

Home Phone: _____ E-mail: _____

Grade: _____ Age: _____ School: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Why do you want to volunteer here? _____

Is this for a school or organization? Y / N

- If yes for whom? _____
- How many hours do you need? _____ By what date? _____

Do you have any previous library experience? Y / N

- If yes, please describe: _____

Other volunteer experience: _____

Previous work experience: _____

Computer/word processing experience: _____

Special skills/Interests: _____

Do you have any special needs or disabilities? Y / N

- If yes, please describe: _____

Do you speak a foreign language or know sign language? Y / N _____

When are you available? (circle applicable days) M -T- W - Th - F - S

Are you available mornings or afternoons? _____

Are you available for Monday or Friday evening programs? Y / N

Applicant Signature

Parent/Guardian Signature