

Student Volunteer Form
Norwell Public Library

Date _____

Please fill out as completely as possible. All application forms will be treated confidentially.

NAME _____

ADDRESS _____

TELEPHONE _____

SCHOOL _____

AGE _____ GRADE _____

EXTRACURRICULAR ACTIVITIES _____

WHY DO YOU WANT TO WORK IN A LIBRARY? _____

WHAT BENEFIT DO YOU IMAGINE YOU'LL RECEIVE FROM THIS EXPERIENCE? _____

WHAT HOURS/DAYS ARE YOU AVAILABLE? _____

SKILLS: ART _____ COMPUTER _____ DOWNLOADING INFO _____

OTHER _____

PARENT SIGNATURE IF UNDER 15 YEARS OLD

OFFICIAL USE ONLY

CONTACTED _____

STAFF _____

