

Teen Leadership Council Application Form



Contact Information	
Name	
Street Address	
City, ST ZIP Code	
Home Phone	
E-Mail Address	
Date of Birth	
Grade	
Parent/Guardian Signature (if under 18)	

Availability	
During which times are you <i>most likely</i> to be available during the school year? (Circle all that apply)	
Monday 4-5pm 5-6pm 6-7pm 7-8pm	Thursday 4-5pm 5-6pm 6-7pm 7-8pm
Tuesday 4-5pm 5-6pm 6-7pm 7-8pm	Friday 4-5pm 5-6pm 6-7pm 7-8pm
Wednesday 4-5pm 5-6pm 6-7pm 7-8pm	Saturday 9am-noon noon-3pm 3-6pm

About You
<p>Please tell us about yourself and your interests.</p>

Person to Notify in Case of Emergency			
Name		Relationship	
Home Phone		Work Phone	

Service Documentation	
Will you require the library to provide documentation of your volunteer service?	Yes No
If so, to whom?	
Number of Hours Required	
Note: We request that Teen Leadership Council volunteers commit to at least 6 months of participation. Can you do this?	Yes No