

**SALEM PUBLIC LIBRARY
JUVENILE VOLUNTEER SERVICE APPLICATION**

Name: _____

Address: _____

Phone: _____

home

I am _____ years of age

Contact person (in case of emergency): _____

Contact person phone: _____

Type of volunteer service preferred:

_____ Assisting in the Summer Reading Program

_____ Cut out or assemble craft materials

_____ Assist children with crafts (Summer Reading Program only)

_____ Putting books in ABC order

_____ Shelf Easy books

_____ Cutting out bookmarks on Ellison machine

_____ Other _____

Skills/experience: _____

Availability:

Days you can work: _____

Times available: _____

Reference: (can be an adult you know or a teacher/librarian from school)

1. _____

name

phone

Applicant Signature

Date

Please give to Staff at the desk or to the Youth Services Librarian