



# Maywood Public Library

459 Maywood Avenue, Maywood, NJ 07607

(201) 845-2915 (201) 845-7387

## STUDENT VOLUNTEER APPLICATION

*Yes, I would like to be a library volunteer!*

### STUDENT DETAILS

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: **NJ** Zip: \_\_\_\_\_

Home Phone: ( ) - Cell Phone: ( ) - Other: ( ) -

Name of School: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Do you need to report your volunteer hours to School? ☐ Yes ☐ No No. of Hours needed: \_\_\_\_\_

### VOLUNTEER EXPERIENCE

Do you have previous Volunteer experience? ☐ Yes ☐ No  
If Yes, provide details below:

1. Name of Organization: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

2. Name of Organization: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact #: \_\_\_\_\_

### PLEASE INDICATE CHOICE OF VOLUNTEER HOURS BELOW:

MONDAY 10 am – 8 pm	TUESDAY 10 am – 8 pm	WEDNESDAY 10 am – 8 pm	THURSDAY 10 am – 5:30 pm	FRIDAY 10 am – 5:30 pm	SATURDAY 10 am – 4:30 pm	SUNDAY 1:30 pm – 4:30 pm

I, \_\_\_\_\_, certify that all the information provided above are true to the best of my knowledge.

Signature of the Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Start Date: \_\_/\_\_/\_\_

No. Hours/Week: \_\_\_\_\_

*For Office Use Only*

Staff Initials: \_\_\_\_\_

Stop Date: \_\_/\_\_/\_\_

Total Hours: \_\_\_\_\_