

## Four Communities, One Library: YOUR Library Trenton Veterans Memorial Library 2790 Westfield Road, Trenton MI 48183 (734) 676-9777 trenton.lib.mi.us

## **Teen Volunteer Application**

Name:	Date of Birth:							
Address:	Cit				State	State		
Phone: (	)	Contact Email:						
School:		Grade:						
Emergency	contact: Nam	e	<del> </del>	Phone Number ( )				
Parental Pe	rmission:							
	•		unteer for the li a parent/ guar	•		vork permit f	rom your	
I (print),				, parent/ leg	gal guardia	ın, grant pei	rmission for	
			to volunte					
			Phone hen you can v			Date		
Weekly Schedule	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
AM								
PM								
note that volui	nteer assignmer vould you like	nts and hours e to volunte	e scheduled more are dependent o eer? Daily v many hours o	n library needs _ Weekly	and canno	t be guarantee	ed. Other:	
Signed	Date							