BROOKFIELD LIBRARY

INFORM • INSPIRE • INNOVATE

Youth Volunteer Application (under 18 only)

Today's date:				School:			
Your name:				Grade: (Must be going into at least 6 th grade.)			
Phone (with area code)				Email:			
Best way to contact you:				Address:			
Please check below v	which days	and times	you are a	ıvailable to v	olunteer.		
Days/Times available	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning (10-noon)							
Afternoon (Noon-2)							
Afternoon (2-4)							
Evening (4-6)							
Evening (6-8)							
						_	
Tell us which library jobs you're interested in. We waccommodate you.				(mark with "X")			
Craft prep: cutting ou							
Event & class help: h							
Shelving help: puttin		d media aw	ay, shelf	reading, lig	ht		
cleaning, keeping thi		ning end l-	daine ····	h Makas ass	in ment		
Maker Studio Ambas Anything!	sador: lear	ning and ne	eiping Wit	ın waker equ	iipment		
Anyuning: ⊌						1	
Emergency contacts	(your parei	nts or other	adults)				
Name:				Phone:			
Name:				Phone:			
	THANKS	FOR WAN	TING TO	VOLUNTEE	R! WE AF	PRECIATE IT!	

(Staff: Please detach reminder slip below for volunteer)