

Sayre Public Library Teen Volunteer Application Form



Name: _____ Date: _____

Date of Birth: _____ Age: _____ Home Phone _____

Cell Phone _____ Email: _____

Address: _____ City: _____ Zip: _____

Contact in Emergency: _____ Phone: _____

I. SKILLS AND INTERESTS:

School: _____ Grade: _____

Previous Volunteer Experience (Please attach sheet if necessary): _____

Is there a particular type of volunteer work that you are interested in? (Check all that apply)

Community Education _____	Web design _____
Assisting Patrons in library _____	General administrative office work _____
Fundraising _____	Photography/Art _____
Other _____	

Why are you interested in volunteering with the Sayre Public library? What skills do you have to offer? _____

II. Availability:

At what times are you available to volunteer?

Weekdays _____ Weekends _____ Evenings (Tuesday/Thursday) _____

Please return this form to: Sayre Public Library
122 S Elmer Ave
Sayre, PA 18840 phone: 570-888-2256