



Poquoson Public Library Youth Volunteer Application

Date: _____

Name: _____
(Last) (First) (Middle Initial)

Street Address: _____

City, State, Zip Code: _____

Home Phone: _____

E-Mail Address: _____

Emergency Contacts:

1. _____ Phone #: _____ Relation: _____

2. _____ Phone #: _____ Relation: _____

Education: _____ Grade Just Completed: _____ Age: _____
(Must be 12 or older by June 15th)

Other Schooling or Special Training: _____

Interests/Hobbies: _____

Skills: _____

Have you done volunteer work before? _____

If yes, where and what? _____

Hours Available: Check all time slots that apply and number them in order of preference

NOTE: You will need a total of 24 hours (during the Summer Reading Program) in order to receive a certificate of completion. Initially we will schedule one time slot per week per volunteer. If additional slots are available, they will be posted. Check here if you would consider a second time slot per week _____.

Day of Week	9:00 AM - Noon	Noon - 3:00 PM	3:00 PM - 6:00 PM	6:00 PM - 9:00 PM
Monday				
Tuesday				
Wednesday				
Thursday				
Friday			2:00 PM - 5:00 PM	CLOSED
Saturday	9:30 AM - 12:30 PM		2:00 PM - 5:00 PM	CLOSED
Sunday	CLOSED	12:30 PM - 3:00 PM	2:00 PM - 5:00 PM	CLOSED