



West Nyack Free Library

65 Strawtown Road
West Nyack, New York 10994-1898 | (845)358-6081
www.westnyacklib.org

Teen Volunteer Application

Name: _____

Address: _____

Street

City

State

Zip Code

Home Phone: () _____ Cell Phone: () _____

Email Address _____

School _____

Age: _____

I have working papers (circle one) yes no

Reason for Volunteering (circle one)
Religion (Community Service) School (Community Service) Other

Parent Cell Phone: () _____

Emergency Contact (other than above)

Name _____ Phone _____

Parental Consent to Volunteer

Signature _____

Printed Name _____

Date _____