



Wright Memorial
Public Library

1776 Far Hills Ave., Dayton, OH 45419 www.wrightlibrary.org

Teen Volunteer Application

Name _____ Today's Date _____ Birthdate _____

Address _____

Cell Phone _____ Other Phone (home/parent) _____

Email address _____ (you will be contacted via email)

School Name _____ School Grade _____

Tell me about you: your skills, experience, talents, and interests:

Tasks for which volunteers are needed: *(check areas where you are willing to help)*

___ Help with programs and special events (set up, games, crafts, clean up)

___ Book Buddies: After training, matched with a child in grades K-3 to practice reading with them

___ Teen Advisory Board: Planning, held on 2nd Wednesday of the month at 3:30 September-May

___ Clean books, toys, furniture, etc.

___ Help staff prepare crafts (primarily cutting and sorting)

___ Work on special projects as needed

Parent/guardian signature _____ Date _____

Please return your application to the library in the Youth Services Department. You will be contacted via email to schedule a 15-20 minute training session.