

# Teen Volunteer Application

Name: _____
School: _____
Age: _____ Phone Number: _____
Address: _____
_____

Why did you choose to volunteer at the library? \_\_\_\_\_

### What is your availability?

	9:30 am-12:00 pm	12:00 pm– 2:30 pm	2:30 pm– 5:30 pm	5:30 pm—8 pm
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Are you available for the Summer Reading Program Kick Off Carnival on June 9th?	
<input type="checkbox"/> 10:30 am– 12:30 pm	<input type="checkbox"/> 12:30 pm– 2:30 pm

Please Return to  
E. G. Fisher Public Library  
1289 Ingleside Ave  
Athens, TN 37303  
423-745-7782