

# Teen Volunteer Application

About You:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

School You Attend: \_\_\_\_\_

Grade: \_\_\_\_\_

What types of things would you like to do as a volunteer? (for example: gardening, help with book sales, painting, help with teen section of website)

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Your availability (what days and times would you want to volunteer):

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Please circle one or both of the following. See the attached pages for a description of each. Thanks for volunteering!

I want to be a member of the Teen Advisory Board

I want to be a member of the Junior Friends

Parental consent: If you are under the age of 18, please have a parent or guardian review this form and grant permission to be a member of these organizations

Parent/Guardian Signature: \_\_\_\_\_