|  |
| --- |
| AMS Library Student Volunteer Application |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Caring Community |  |
| Email address |  |
| Student ID |  |

## When can you volunteer?

### Check the time you would like to work. You must have a teacher or parent write their name and initial below to approve.

|  |  |  |
| --- | --- | --- |
| Caring Community | Teacher name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Approved: (initial) \_\_\_\_\_\_\_\_\_ |
| Advisory | Teacher name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Approved: (initial) \_\_\_\_\_\_\_\_\_ |
| Thursday after school | Parent name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Approved: (initial) \_\_\_\_\_\_\_\_\_ |

## Why do you want to volunteer in the library?

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

## What skills, characteristics, or experiences will make you an AWESOME volunteer?

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

## Parent/Guardian information

|  |  |
| --- | --- |
| Name |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## References

Please list two adults who can tell us more about why you would be a great volunteer.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Name
 |  | Relationship |  |
| Email |  | Phone |  |
| 1. Name
 |  | Relationship |  |
| Email |  | Phone |  |