

Summer VolunTeen (SVT) Application

Instructions: Please PRINT clearly! Answer ALL questions. Turn in @ SVT training!

Name: _____ Birth date: _____

School: _____ Entering Grade: _____ Age: _____

Mailing Address: _____
STREET ADDRESS CITY, STATE ZIPCODE

E-mail Address: _____

Phone Number to use on the SVT Sub List: _____

Emergency Contact Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Have you been a SVT before? _____ If so, which years? _____

Why would you like to be a SVT? _____

Do you have special skills or other previous experiences that will help you as a SVT? (If so, what?)

What was your favorite book this year? _____

I am interested in becoming a:

___ **VolunTeen***
16-24 hours
(min. 2 hrs/wk)

___ **Super VolunTeen***
24-32 hours
(min. 3 hrs/wk)

___ **Super Über VolunTeen***
32+ hours
(min. 4 hrs/wk)

* VolunTeens are role models for participants in the kids' SRC, so they must actively participate in the Teen SRC (reach at least half-completion) in order to successfully complete the VolunTeen program.

Please note: The East Greenbush Community Library reserves the right to remove VolunTeens from the program based on poor behavior and/or attendance. By signing below, you acknowledge that you are aware of and agree to follow the Summer VolunTeen Rules & Responsibilities (available on the VolunTeen page of www.eastgreenbushlibrary.org).

VolunTeen Signature _____ Date _____
