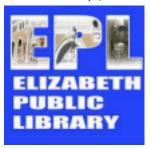
Teen Volunteer Application

All applicants must hand-deliver this application to the Teens Department, located on the 3 rd Floor of the Main Library (11 S. Broad St. Elizabeth, NJ, 07202).



The Board of Trustees of Elizabeth Public Library encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you. Volunteers under the age of 18 will be assigned to the Children's or Teens Departments. Priority will be given to students in grades 9-12 who either attend school or reside in the city of Elizabeth.

Thank you for your interest in assisting the library.

			Under 18? Yes	
Address:			No	
City:	State:		Zip:	
Phone:		Email:		
School:			Grade:	

Although training will be provided, please list any other organizations you have served:

Date (Year)	Organization	Supervisor	Contact Information

What library branch a Main Branch (11 Elmora Branch (E'Port Branch (1 LaCorte Branch	South Broad 740 West Gra 102-110 3rd St (418-424 Paln	St.) nd St.) reet at E. Jers ner Street)	sey St.)	10 hours to rock	ojvo	
community service howavailable:			a minimum of ase indicate the			
Days/Hours	MON	TUE	WED	THU	FRI	SAT
AM						
PM						
Have you been con If yes, please expla As a volunteer of our ovolunteering at my ow	in: organization, I a	gree to abide b	y library policie:	s and procedure		
responsibility for any li perform for the organi any monetary paymen	ability for accid zation. I agree t	ent, injury, or h	nealth problems	which may aris	se from volunt	eer work I
Signature:			Date:			_
For Staff Use On Date received:	•	processed:	Actio	on Taken:	Initials	:

Elizabeth Public Library

11 S. Broad Street eplteensdept@gmail.com Elizabeth, NJ 07202 (908)354-6060 Ext.7237

www.elizpl.org